



**Agency for Healthcare Research and Quality**  
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# **Publications Catalog**

**2002/03**  
**Fall/Winter**



**U.S. Department of Health and Human Services**  
Public Health Service  
Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) is a component of the Public Health Service (PHS). Its goals are to promote effective, appropriate, high-quality health care; increase access to care; and improve the way health services are organized, delivered, and financed.

The Agency was established by Congress in December 1989 as the successor to the National Center for Health Services Research and Health Care Technology Assessment. On December 6, 1999, under Public Law 106-129, the Agency for Health Care Policy and Research (AHCPR) was reauthorized and renamed the Agency for Healthcare Research and Quality (AHRQ). The law authorizes AHRQ to continue its research on the cost, quality, and outcomes of health care, and expands its role to improve patient safety and address medical errors. AHRQ funds research on key health care delivery and medical effectiveness issues through grants and contracts. Its in-house researchers and health care professionals conduct analyses on a range of policy issues and evaluate the risks and effects of specific health care technologies.

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## Agency Information

**Agency for Health Care Policy and Research Strategic Plan.** Agency for Health Care Policy and Research, April 1999, 18 pp. Outlines the Agency's vision and mission. Discusses how the plan relates to the Healthy People 2000 and 2001 goals as well as the Department of Health and Human Services' Strategic Plan. Includes strategies for prioritizing the Agency's activities. (AHCPR 99-R045)

**The Agency for Healthcare Research and Quality: New Challenges, New Opportunities.** J. Eisenberg, *HSR: Health Services Research*, 35(1):April 2000, xi-xvi. Discusses the name change of the Agency, its legislative reauthorization, and its fiscal year 2000 budget. Describes the Agency's funding of new research on priority health issues, tools, and talent to enable the Agency to close the information gaps that interfere with decisionmaking in the health care system and efforts to translate research into practice. (AHRQ 00-R028)

**Agency for Healthcare Research and Quality. Quality Research for Quality Health Care.** Agency for Healthcare Research and Quality, February 2002, 2 pp. Two-fold brochure briefly summarizes the Agency's goals and how its research programs help consumers, providers, and policymakers. (AHRQ 02-0011)

**Agency for Healthcare Research and Quality: Reauthorization.** Agency for Healthcare Research and Quality, revised December 1999, 2 pp. Summarizes the 1999 reauthorization and significant changes, including

the change in name from AHCPR to AHRQ. (AHRQ 00-P002)

**AHCPR Focuses on Information for Health Care Decision Makers.** J. Eisenberg, *HSR: Health Services Research*, 33(4):October 1998, 767-781. Assembles a snapshot of the Agency for Health Care Policy and Research—its history, role, guiding principles, and activities. (AHCPR 99-R004)

**AHRQ Annual Report on Research and Financial Performance, FY 2001.** Agency for Healthcare Research and Quality, February 2002, 112 pp. Describes the Agency's research programs and accomplishments during fiscal year 2001 and presents financial statements and other details about AHRQ's budget and financial management and performance during FY 2001. (AHRQ 02-0008)

**Planning and Accountability at AHCPR: Applying the Quality Message at Home.** L. Simpson, J. Osborne, J. Eisenberg, *HSR: Health Services Research*, 34(2):June 1999, 3 pp. Introduces and sets the context for the Agency for Health Care Policy and Research's strategic plan, which includes a focus on customer and stakeholder responsiveness, a demand for results and accountability, and the need to engage employees at every level of change. Furthers the Agency's goal to communicate priorities to the research community and foster dialogue and input from researchers into Agency initiatives. (AHCPR 99-R077)

**Quality Research for Quality Health Care.** Agency for Healthcare Research and Quality, March 2001, 32 pp. Summarizes the Agency for Healthcare Research and

Quality's activities and accomplishments for fiscal years 1999 and 2000. Provides a preview of the Agency's future research priorities. (AHRQ 01-0018)

**Staying True to Roots While Branching Out. A Conversation With John M. Eisenberg, M.D., M.B.A.,** *Managed Care*, May 2000, 33-40. Discusses the evolutionary process behind the Agency's new name and new focus on preventing medical errors. (AHRQ 00-R038)

**Title IX—Agency for Healthcare Research and Quality.** December 1999, 24 pp. Contains the legislation that reauthorized and renamed the Agency for Health Care Policy and Research to Agency for Healthcare Research and Quality. (AHRQ 00-R018)

**Views from Funding Agencies: Agency for Health Care Policy and Research.** J. Eisenberg, *Medical Care*, 37(3):1999, 217-219. Provides background information on the Agency's funding level. Explains current research challenges (developing quality of care measures for vulnerable populations, improving the quality of care for low-income children, assessing quality improvement strategies in health care, translating research into practice, and supporting Centers for Education and Research on Therapeutics). (AHCPR 99-R049)

## AIDS/HIV

**Coping, Conflictual Social Interactions, Social Support, and Mood Among HIV-Infected Persons.** J. Fleishman, C. Sherbourne, S. Crystal, et al., *American Journal of Community Psychology*, 28(4):2000, 421-



453. Considers the interrelationships among coping, conflictual social interactions, and social support, as well as their combined associations with positive and negative moods in 140 respondents infected with the human immunodeficiency virus. Shows that each variable affects adjustment to stressful circumstances. (AHRQ 00-R054)

**Cost and Financing of Care for Persons With HIV Disease: An Overview.**

F. Hellinger, *Health Care Financing Review*, 19(3):Spring 1998, 5-18. Explores the impact of new combination drug therapies on the cost and financing of human immunodeficiency virus (HIV) disease. (AHCPR 99-R028)

**Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons.** M. Katz, W. Cunningham, J. Fleishman, et al., *Annals of Internal Medicine*, 135(8):October 2001, 557-565. Assesses the effect of case managers on patients infected with the human immunodeficiency virus (regarding their unmet need for support services; ambulatory visits, emergency department visits, and hospitalizations; and receipt of antiretroviral therapy and prophylaxis against *Pneumocystis carinii* pneumonia and toxoplasmosis). (AHRQ 02-R011)

**Effects of Drug Abuse and Mental Disorders on Use and Type of Antiretroviral Therapy in HIV-Infected Persons.** B. Turner, J. Fleishman, N. Wenger, et al., *Journal of General Internal Medicine*, 16:September 2001, 625-633. Uses data from a nationally representative

sample to test the prediction that persons infected with the human immunodeficiency virus who have mental health disorders or substance abuse histories would be less likely to receive any treatment and, when treated, would be more likely to receive the "less acceptable" forms of treatment. (AHRQ 02-R015)

**Estimating the National Cost of Treating People with HIV Disease: Patient, Payer, and Provider Data.**

F. Hellinger, J. Fleishman, *Journal of Acquired Immune Deficiency Syndromes*, 24(2):June 1, 2000, 182-188. Derives novel estimates of the national cost of treating people with the human immunodeficiency virus disease by using payer-based and provider-based approaches, and compares them to existing estimates derived using a patient-based approach. (AHRQ 00-R058)

**Functional Status Transitions and Survival in HIV Disease.**

J. Fleishman, S. Crystal, *Medical Care*, 36(4):533-543. Examines the prevalence of limitations in physical functioning in a sample of 1,784 adults with HIV infection. Assesses changes in functional status during a 1-year period. (AHCPR 98-R052)

**Health-related Quality of Life in Patients with Human Immunodeficiency Virus Infection in the United States: Results from the HIV Cost and Services Utilization Study.**

R. Hays, W. Cunningham, C. Sherbourne, et al., *The American Journal of Medicine*, 108:June 15, 2000, 714-722. Analyzes data from a probability sample of all adults receiving care for the human immunodeficiency virus disease in the United States. Compares physical functioning and emotional well-being with that of the U.S.' general popu-

lation and with patients with other chronic diseases, and examines the associations of demographic characteristics, health insurance, risk group, stage of illness, CD4 count, and symptoms with health-related quality of life. (AHRQ 01-R010)

**Impact of Psychiatric Conditions on Health-Related Quality of Life in Persons With HIV Infection.**

C. Sherbourne, R. Hays, J. Fleishman, et al., *American Journal of Psychiatry*, 157(2):February 2000, 248-254. Uses data from a representative probability sample of people receiving care for human immunodeficiency virus (HIV) infection in the United States. Examines the degree to which psychiatric conditions are associated with decrements in health-related quality of life in persons with the HIV infection; and provides information on the health-related impact of mood disorders, substance use, and heavy drinking. (AHRQ 00-R023)

**Location, Race, and Hospital Care for AIDS Patients: An Analysis of 10 States.**

F. Hellinger, J. Fleishman, *Inquiry*, 38:Fall 2001, 319-330. Examines hospital utilization and inpatient mortality for people diagnosed with acquired immune deficiency syndrome (AIDS) in 1996 across 10 States. It is the first study of AIDS hospital admissions to include data from all hospitals in a State, and to compare hospital use by people living with AIDS across States. Focuses on State and racial/ethnic variations. (AHRQ 02-R028)

**Medications Used for Paediatric HIV Infection in the USA, 1991-1992.**

D. Hsia, *AIDS Care*, 10(6):1998, 761-770. Uses ACSUS data to



report the types and cost of pharmaceuticals used by HIV-infected children. (AHCPR 99-R031)

**Physical and Role Functioning Among Persons With HIV—Results From a Nationally Representative Survey.**

S. Crystal, J. Fleishman, R. Hays, et al., *Medical Care*, 38(12):2000, 1210-1223. Characterizes the physical and role limitations experienced by adults in care for human immunodeficiency virus disease. Explores the association of ability to perform activities without assistance or to remain employed with respondents' characteristics (such as gender, race, risk group, and stage of illness). (AHRQ 01-R018)

**Psychiatric Disorders and Drug Use Among Human Immunodeficiency Virus-Infected Adults in the United States.**

E. Bing, M. Burnam, D. Longshore, et al., *Archives of General Psychiatry*, 58:August 2001, 721-728. Presents the first national estimates of the 12-month prevalence of psychiatric disorders, illicit drug use, and drug dependence among people with human immunodeficiency virus infection; and examines the association of clinical and sociodemographic factors with the prevalence of these disorders. (AHRQ 02-R009)

**Transitions in Insurance and Employment Among People With HIV Infection.**

J. Fleishman, *Inquiry*, 35(1):Spring 1998, 36-48. Examines the extent to which people with HIV infection change their insurance and employment status over time, and investigates the correlates (i.e., prior changes in employment and disease stage) of such changes. (AHCPR 98-R059)

**Trends in HIV-Related Inpatient Admissions From 1993 to 1997: A Seven-State Study.**

J. Fleishman, F. Hellinger, *Journal of Acquired Immune Deficiency Syndromes*, 28(1):September 1, 2001, 73-80. Examines trends in human immunodeficiency virus-related inpatient admission rates and lengths of stay from 1993 to 1997. Uses comprehensive data from all admissions to community hospitals in seven States and uncovers a steady decline in admission beginning in late 1995. (AHRQ 02-R018)

**Use of Mental Health and Substance Abuse Treatment Services Among Adults With HIV in the United States.**

M. Burnam, E. Bing, S. Morton, et al., *Archives of General Psychiatry*, 58:August 2001, 729-736. Reports use of mental health and substance abuse treatment services among adults receiving ongoing medical care for human immunodeficiency virus infection. Examines the relationship of use patterns to symptom-based measures of need for these services, investigates whether some individuals are more likely to receive mental health care than others, and examines different factors that predispose or enable access to services. (AHRQ 02-R010)

**Variations in the Care of HIV-Infected Adults in the United States.**

M. Shapiro, S. Morton, D. McCaffrey, et al., *JAMA*, 281(24):June 23-30, 1999, 2305-2315. Examines the variations in the care received by a national, representative sample of the adult U.S. population infected with the human immunodeficiency virus (HIV). Finds that not all persons infected with HIV receive adequate care. (AHCPR 99-R058)

## Children's Health

**An Analysis of Dental Visits in U.S. Children, by Category of Service and Sociodemographic Factors, 1996.**

M. Macek, B. Edelstein, R. Manski, *Pediatric Dentistry*, 23(5):August 2001, 383-389. Analyzes data from the 1996 Medical Expenditure Panel Survey to determine the distribution of diagnostic, preventive, surgical, and other dental visit types received by children in the United States. Assesses whether service-specific utilization rates differ by age, sex, race/ethnicity, and poverty status. (AHRQ 02-R045)

**Annual Report on Access to and Utilization of Health Care for Children and Youth in the United States—1999.**

M. McCormick, B. Kass, A. Elixhauser, et al., *Pediatrics*, 105(1):January 2000, 219-230. Is the first in a series of reports on access to and use of health care services by America's children and youth. Capitalizes on the existence of two national data sets, the Medical Expenditure Panel Survey and the Healthcare Cost and Utilization Project. (AHRQ 00-R014)

**Annual Report on Access to and Utilization of Health Care for Children and Youth in the United States—2000.**

M. McCormick, R. Weinick, A. Elixhauser, et al., *Ambulatory Pediatrics*, 1(1):January-February 2001, 3-15. Provides an update on insurance coverage, use of health care services, and health expenditures for children and youth in the United States. Examines a new 22-State hospital discharge data source and finds that substantial variation in hospitalization exists across States. (AHRQ 01-R036)

**Child Dental Expenditures: 1996.** B. Edelstein, R. Manski, J. Moeller, *Pediatric Dentistry*, 24(1):2002, 11-17. Analyzes Medical Expenditure Panel Survey data to characterize national expenditures for children's dental care; determines the amount and source of spending, as well as the roles of age, sex, race, family income, and parental education; identifies disparities in expenditures; and determines potential clinical and public policy implications involved in improving dental care for low-income children. (AHRQ 02-R062)

**Child Health Toolbox: Measuring Performance in Child Health Programs.** Agency for Healthcare Policy and Research, March 2001. Describes in a three-panel brochure an online resource to help policymakers, program directors, and their staffs measure how well child health programs perform. Explains that the Child Health Toolbox introduces performance measures being used in Medicaid, State Children's Health Insurance Plans, and Title V programs, and that it may also be useful to health care consumers, advocates, and providers. (AHRQ 01-0025)

**Children and Managed Care: What Research Can, Can't, and Should Tell Us about Impact.** L. Simpson, I. Fraser, *Medical Care Research and Review*, Supplement 2, 56:1999, 13-36. Examines the pace and context of the move to managed care for children, potential opportunities and challenges emerging from these changes, research findings on how managed care affects children, and next steps for learning more. (AHCPR 99-R062)

**Children's Health Care Issues: A Continuing Priority.** D. Dougherty, L. Simpson, J. Eisenberg, *HSR: Health Services Research*, 35(4):October 2000, xi-xix. Helps researchers understand the primary emphases of AHRQ's efforts in children's health and the Agency's capacity to respond to emerging issues in this area. References recently funded projects and encourages researchers to tackle pressing topics in children's health care. (AHRQ 01-R002)

**Children's Health Insurance, Access to Care, and Health Status: New Findings.** R. Weinick, M. Weigers, J. Cohen, *Health Affairs*, 17(2):March/April 1998, 127-136. Provides baseline data from the Medical Expenditure Panel Survey for evaluating results of the Children's Health Insurance Program and other policies and programs designed to improve the health and well-being of American children. (AHCPR 98-R035)

**Children's Health Insurance Coverage and Family Structure, 1977-1996.** R. Weinick, A. Monheit, *Medical Care Research and Review*, 56(1):March 1999, 55-73. Documents changes in children's health insurance coverage. Finds that parents' marital status, employment status, and family income are crucial factors associated with children's insurance status. (AHCPR 99-R051)

**Children's Health, 1996.** M. Weigers, R. Weinick, J. Cohen, *MEPS Chartbook No. 1*, March 1998, 30 pp. Presents data on the health insurance status of children in the United States, addresses access to health care issues, and discusses the health status of children. (AHCPR 98-0008)

**Children's Mental Health: The Changing Interface Between Primary and Specialty Care.** A. Steinberg, A. Gadamski, M. Wilson, *Report of the Children's Mental Health Alliance Project*, Philadelphia, 1999, 79 pp. Presents findings and recommendations on children's mental health care from the Children's Mental Health Alliance Project, including issues such as the rise in psychotropic drug use in children, the effect of managed care, additional resources needed by primary care providers, a systems approach to care, and setting a research agenda. (AHRQ 00-R040)

**A Comparison of Health Care Experiences for Medicaid and Commercially Enrolled Children in a Large, Nonprofit Health Maintenance Organization.** P. Newacheck, T. Lieu, A. Kalkbrenner, et al., *Ambulatory Pediatrics*, 1(1):January-February 2001, 28-35. Answers the following question: Within the same large, nonprofit health maintenance organization, how do children enrolled in Medicaid compare with children enrolled commercially across the domains of access, utilization, and satisfaction with care? (AHRQ 01-R039)

**Consequences of States' Policies for SCHIP Disenrollment.** A. Dick, R. Allison, S. Haber, et al., *Health Care Financing Review*, 23(3):Spring 2002, 65-88. Describes the basic features of enrollment in freestanding State Children's Health Insurance Programs; describes disenrollment in Florida, Kansas, New York, and Oregon; determines the impact of the four States' policies on presumptive eligibility, extent of disenrollment, recertifica-

tion, and premiums; and assesses linkages between disenrollment and State policies. (AHRQ 02-R070)

**Differences in Asthma Prevalence Between Samples of American Indian and Alaska Native Children.** J. Stout, L. White, G. Redding, et al., *Public Health Reports*, 116:January-February 2001, 51-57. Compares self-reported rates of asthma symptoms, asthma diagnoses, and health care utilization for 147 children ages 11-16 in a metropolitan and a nonmetropolitan area. Finds that a significantly higher percentage of metropolitan respondents reported receiving a physician's diagnosis of asthma. (AHRQ 02-R005)

**Effect of Rotavirus Vaccination Programme on Trends in Admission of Infants to Hospital for Intussusception.** L. Simonsen, D. Morens, A. Elixhauser, et al., *The Lancet*, 358:October 13, 2001, 1224-1229. Investigates the effect of the Rotashield rotavirus vaccine on admissions for intussusception in 10 States. Uses data from electronic databases containing hospital discharge records for 1993 to 1999. (AHRQ 02-R016)

**An English and Spanish Pediatric Asthma Symptom Scale.** M. Lara, C. Sherbourne, N. Duan, et al., *Medical Care*, 38(3):2000, 342-350. Tests the reliability, validity, and language equivalence of an English and Spanish eight-item scale that assesses control of pediatric asthma symptoms in clinical and research settings. Shows that parental perceptions of symptoms may not correlate with objective physiological measures and finds that the bilingual survey may serve as a prototype for tools that

assess other diseases in bilingual and low-literate populations. (AHRQ 00-R021)

**Environmental Tobacco Smoke as a Risk Factor for Respiratory Disease in Children.** P. Gergen, *Respiration Physiology*, 128:2001, 39-46. Reviews the literature on the role environmental tobacco smoke (ETS) plays in respiratory diseases, including asthma. Focuses on problems caused by ETS, influence of age at exposure on the consequences of ETS, and the importance of the differing sources of ETS exposure. (AHRQ 02-R022)

**Health Care Use and Costs for Children With Attention-Deficit/Hyperactivity Disorder.** E. Chan, C. Zhan, C. Homer, *Archives of Pediatrics and Adolescent Medicine*, 156:May 2002, 504-511. Analyzes data from the 1996 Medical Expenditure Panel Survey on 5,439 children. Compares health care use and costs among children with attention-deficit/hyperactivity disorder, children with asthma, and the general pediatric population. (AHRQ 02-R074)

**Health Insurance, Primary Care, and Preventable Hospitalization of Children in a Large State.** B. Friedman, J. Basu, *The American Journal of Managed Care*, 7(5):May 2001, 473-481. Builds on the preventable hospitalization research by analyzing variations in the admission rate of children with ambulatory care-sensitive conditions (ACS) and by testing the relationship of ACS admission rates to insurance coverage, health maintenance organization enrollment, availability of primary care, severity of illness, distance to hospital, and other factors. (AHRQ 01-R074)

**How Much Did the Medicaid Expansions for Children Cost? An Analysis of State Medicaid Spending, 1984-1994.** L. Gordon, T. Selden, *Medical Care Research and Review*, 58(4):December 2001, 482-495. Examines the relationship between the Medicaid eligibility expansions for children and State Medicaid spending during the period from 1984 to 1994. (AHRQ 02-R033)

**The Impact of Income on Children's and Adolescents' Preventive Dental Visits.** M. Watson, R. Manski, D. Macek, *The Journal of the American Dental Association*, 132:November 2001, 1580-1587. Examines the impact of income at the "poor" and "near-poor" poverty levels on preventive dental visits made by children and adolescents. Uses data from the 1996 Medical Expenditure Panel Survey for children and adolescents younger than 19 years of age to estimate the percentage of this group who had preventive dental visits. (AHRQ 02-R034)

**The Impact of Insurance Coverage on Children's Dental Visits and Expenditures, 1996.** R. Manski, B. Edelstein, J. Moeller, *Journal of the American Dental Association*, 132:August 2001, 1137-1145. Examines the status of children's dental health and the impact of dental care coverage on children's access to dental care using 1996 Medical Panel Expenditure Survey data. Provides national estimates of dental coverage status and the population percentage with dental visits for children in each of several socioeconomic and demographic categories. (AHRQ 01-R083)



**Impact of Site of Care, Race, and Hispanic Ethnicity on Medication Use for Childhood Asthma.** A. Ortega, P. Gergen, A. Paltiel, et al., *Pediatrics*, 109(1):January 2002, 1-9. Reveals the importance of source of care and other factors that influence differences in asthma medication use among black, white, and Hispanic children; and determines whether racial and ethnic differences in asthma treatment are mediated by site of care. (AHRQ 02-R046)

**Leonard Davis Institute of Health Economics Issue Brief—Children’s Mental Health: Recommendations for Research, Practice and Policy.** A. Steinberg, A. Gadomski, M. Wilson, *LDI Issue Brief*, 5(7):April 2000, 4 pp. Summarizes the findings of the Children’s Mental Health Alliance Project, which conducted a multidisciplinary consensus conference in November 1998 on children’s mental health issues such as the rise in psychotropic drug use in children, the effect of managed care, additional resources needed by primary care providers, a systems approach to care, and setting a research agenda. (AHRQ 00-R042)

**Making the Link: Strategies for Coordinating Publicly Funded Health Care Coverage for Children.** C. Mann, L. Cox, D. Ross, prepared for the Agency for Healthcare Research and Quality, February 2000, 34 pp. Describes strategies States can use to coordinate State Children’s Health Insurance Program (SCHIP) coverage with existing Medicaid coverage. Uses examples already used in various States. (AHRQ 00-0014)

**Methodologic Challenges in Developing and Implementing Measures of Quality for Child Health Care.** R. Palmer, M. Miller, *Ambulatory Pediatrics*, 1(1):January-February 2001, 39-52. Encourages pediatric investigators to tackle the challenges of developing and implementing quality measurements for children’s health care, reviews the definition of quality health care and the special features of children’s health care, includes the methodologic building blocks needed to develop and evaluate measures of quality, and recommends the next steps in research. (AHRQ 01-R037)

**Methodologic Challenges in Health Services Research in the Pediatric Population.** K. Lohr, D. Dougherty, L. Simpson, *Ambulatory Pediatrics*, 1(1):January-February 2001, 36-38. Describes trends in child and adolescent health services research; current activities in the field; and a series of four articles that focus on methodologic issues in studies of outcomes, effectiveness, and quality in pediatric populations. (AHRQ 01-R038)

**Pediatric Dental Visits During 1996: An Analysis of the Federal Medical Expenditure Panel Survey.** B. Edelstein, R. Manski, J. Moeller, *Pediatric Dentistry*, 22(1):2000, 17-20. Determines the percentage of children in the United States who obtained a dental visit in 1996, and determines the number of visits children experienced by age, sex, ethnicity/race, family income, and parental education. Considers the role of low income, low education, and minority status. (AHRQ 00-R024)

**Preventable Illness and Out-of-Area Travel of Children in New York Counties.** J. Basu, B. Friedman, *Health Economics*, 10:2001, 67-78. Examines the out-of-area hospital admission pattern for patients with preventable conditions, addresses the little-known effects of resource availabilities in local areas, and describes patient characteristics that prompt people to seek care at a longer distance from home. (AHRQ 01-R033)

**A Report Card on Quality Improvement for Children’s Health Care and Commentary.** T. Ferris, D. Dougherty, D. Blumenthal, et al., *Pediatrics*, 107(1):January 2001, 143-155. Assesses the status of quality improvement initiatives for children; reviews literature and interviews of experts in quality improvement for child health services; notes that numerous gaps remain in the understanding of quality improvement for children; and concludes that widespread improvement in the quality of health services for children faces significant barriers. (AHRQ 01-R020)

**SCHIP Disenrollment and State Policies.** K. VanLandeghem, C. Brach, *CHIRI Issue Brief No. 1*, June 2002, 6 pp. First of a series of reports from the Child Health Insurance Research Initiative (CHIRI). Examines the enrollment and disenrollment experiences of freestanding State Children’s Health Insurance Programs in Florida, Oregon, Kansas, and New York. Reports on the relationship between State policies and disenrollment. (AHRQ 02-0017)

**Sociodemographic Correlates of Indoor Allergen Sensitivity Among United States Children.** L. Stevenson, P. Gergen,

D. Hoover, et al., *Journal of Allergy and Clinical Immunology*, 108(5):November 2001, 747-752. Assesses the prevalence and demographic correlates of sensitivity to four indoor allergens (German cockroach, dust mite, cat, and *Alternaria alternata*) in a nationally representative sample of children from the third National Health and Nutrition Examination Survey conducted during 1988 and 1994. (AHRQ 02-R043)

#### **Specific Issues Related to Developing, Disseminating, and Implementing Pediatric Practice Guidelines.**

H. Bauchner, L. Simpson, *HSR: Health Services Research*, 33(4):October 1998, 1161-1177. Describes the ways in which medical information should be developed and disseminated, and focuses on pediatric practice guidelines as an example of one type of information. (AHCPR 99-R003)

**Tracking the State Children's Health Insurance Program with Hospital Data: National Baselines, and State Variations, and Some Cautions.** B. Friedman, J. Jee, C. Steiner, et al., *Medical Care Research and Review*, 56(4):December 1999, 440-455. Uses hospital data for 19 States to estimate baseline rates of ambulatory care sensitive (ACS) conditions (those for which most hospital admissions could be avoided). Discusses trends and cross-state variations just before the implementation of the State Children's Health Insurance Program, some cautions about the use of hospital data, and a relationship between the rate of asthma admissions and the proportion of self-pay plus Medicaid-enrolled cases. (AHRQ 00-R009)

**Use of Health Services by Insurance Status Among Children With Asthma.** A. Ortega, K. Belanger, A. Paltiel, et al., *Medical Care*, 39(10):2001, 1065-1074. Focuses on the role insurance status plays in influencing resource consumption, specifically the extent to which asthmatic children receiving Medicaid use the emergency department more frequently than otherwise-insured asthmatic children. (AHRQ 02-R013)

**Waiting in the Wings: Eligibility and Enrollment in the State Children's Health Insurance Program.** T. Selden, J. Banthin, J. Cohen, *Health Affairs*, 18(2):March/April 1999, 126-133. Examines data from (and the policy implications of) the 1996 Medical Expenditure Panel Survey, which shows that 3.1 million children are eligible for coverage under the State Children's Health Insurance Program. (AHCPR 99-R050)

## **Clinical Practice Guidelines**

**Before and After Guidelines.** D. Kamerow, *The Journal of Family Practice*, 44(4):April 1997, 344-346. Discusses factors contributing to the growth of guidelines in the United States, the role of evidence and dissemination, and AHCPR's focus on the guideline process. (AHCPR 97-R075)

**Clinical Practice Guidelines in Practice and Education.** A. Berg, D. Atkins, W. Tierney, *Journal of General Internal Medicine*, 12:April 1997, S25-S33. Presents an overview of methods used to construct clinical practice guidelines; discusses an extended example, screening

for prostate cancer; and concludes with a review of the use of clinical practice guidelines in practice and education. (AHCPR 97-R077)

#### **National Guideline Clearinghouse (NGC)**

**Brochure.** Agency for Health-care Quality and Research, July 2000. Two-fold brochure provides information about this publicly available database of evidence-based clinical practice guidelines and related documents. Provides free online access to Internet users at [www.guideline.gov](http://www.guideline.gov). (AHRQ 00-0047)

**CD-ROM Tutorial.** Provides information on accessing and using the NGC. (AHRQ 00-DP004)

#### **Optimal Methods for Guideline Implementation—**

##### **Conclusions From Leeds**

**Castle Meeting.** P. Gross, S. Greenfield, S. Cretin, et al., *Medical Care*, Supplement 2, 39(8):2001, II-85BII-92. Summarizes a meeting where participants enumerated the guideline implementation methods studied to date, reviewed the theories of behavioral change, made recommendations for effecting better implementation guidelines, and addressed the issue of how to encourage implementation of best practices in medical care. (AHRQ 02-R002)

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#### **Cardiac Rehabilitation**

Agency for Health Care Policy and Research, October 1995. A series of booklets discusses a comprehensive approach to cardiac rehabilitation that includes exercise training to improve exercise tolerance and stamina, and education, counseling, and behavioral interventions to assist patients in achieving and maintaining optimal health.

## **Treating Tobacco Use and Dependence.**

Public Health Service, June 2000. A clinical practice guideline and related products update an earlier guideline on this topic. Contains strategies and recommendations to assist clinicians; tobacco dependence treatment specialists; and health care administrators, insurers, and purchasers in delivering and supporting effective cessation treatments for tobacco use and dependence.

**Five Common Myths About Quitting Smoking. Fact Sheet, 1 p.\***

**A 5-Day Plan To Get Ready. Fact Sheet, 1 p.\***

**Frequently Asked Questions About Quitting Smoking. Fact Sheet, 2 pp.\***

**Support and Advice From Your Clinician. Tear Sheet, 50-sheet pads.\***

**Support and Advice From Your Prenatal Care Provider. Tear Sheet, 50-sheet pads.\***

**Tips for the First Week. Fact Sheet, 1 p.\***

**Treating Tobacco Use and Dependence. A Systems Approach, 6 pp.**

**Treating Tobacco Use and Dependence. Clinical Practice Guideline, 179 pp.**

**Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians, 28 pp.**

**You Can Quit Smoking. Consumer Guide, 12 pp.\***

**You Can Quit Smoking. Poster, Set of 2.\***

For free copies of these guideline products, call any of the following toll-free telephone numbers:

Agency for Healthcare Research and Quality, 800-358-9295; Centers for Disease Control and Prevention, 800-CDC-1311; or National Cancer Institute, 800-4-CANCER.

**\*Also available in Spanish.**

**Cardiac Rehabilitation as Secondary Prevention. Quick Reference Guide for Clinicians. 24 pp. (AHCPR 96-0673)**

**Cardiac Rehabilitation. Clinical Practice Guideline Number 17. 202 pp. (AHCPR 96-0672)**

**Recovering From Heart Problems Through Cardiac Rehabilitation. Patient Guide. 13 pp. (AHCPR 96-0674) Spanish language booklet (AHCPR 96-0675)**

### ***Pressure Ulcer Treatment***

Agency for Health Care Policy and Research, December 1994. A series of booklets offers a comprehensive program for treating adults with pressure ulcers, with a focus on patient assessment, tissue load management, ulcer care, management of bacterial colonization and infection, operative repair in selected patients, and education and quality improvement. The guides for

clinicians and consumers also include information on assessing the patient's nutritional status and selecting irrigation devices, cleansing solutions, and support surfaces.

**Pressure Ulcer Treatment. Quick Reference Guide for Clinicians. 27 pp. (AHCPR 95-0653)**

**Treating Pressure Sores. Consumer Guide. 25 pp. (AHCPR 95-0654) Spanish language booklet (AHCPR 95-0655)**

**Treatment of Pressure Ulcers. Clinical Practice Guideline Number 15. 154 pp. (AHCPR 95-0652)**

### ***Pressure Ulcers in Adults***

Agency for Health Care Policy and Research, May 1992. A series of booklets describes pressure ulcers, sites, risk of formation, prevention, and care.

**Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline Number 3. 63 pp. (AHCPR 92-0047)**

**Pressure Ulcers in Adults: Prediction and Prevention. Quick Reference Guide for Clinicians. 15 pp. (AHCPR 92-0050)**

**Preventing Pressure Ulcers. A Patient's Guide. 11 pp. (AHCPR 92-0048) Spanish language booklet (AHCPR 93-0014)**

## **Clinical Preventive Services**

**Aspirin for the Primary Prevention of Cardiovascular Events: Recommendation and Rationale. U.S. Preventive Services Task Force, *Annals of Internal Medicine*, 136(2):January 15, 2002, 157-160. Summarizes the recommendation of the third U.S.**



Preventive Services Task Force for aspirin for the primary prevention of cardiovascular events. Includes the supporting scientific evidence. (AHRQ 02-R041)

**First New Screening Recommendations From the Third U.S. Preventive Services Task Force.** D. Atkins, *BMJ USA*, 1:2001, 187-190. Provides a brief overview of the U.S. Preventive Services Task Force; describes new screening recommendations for abnormal lipids in adults, chlamydial infection, bacterial vaginosis in pregnancy, and skin cancer; and outlines the Task Force's next steps. (AHRQ 01-R088)

**Priorities Among Recommended Clinical Preventive Services.** A. Coffield, M. Maciosek, J. McGinnis, et al., *American Journal of Preventive Medicine*, 21(1):2001, 1-9. Presents a priority ranking of 30 clinical preventive services recommended by the U.S. Preventive Services Task Force. Bases their relative value to the U.S. population on two dimensions: (1) burden of disease prevented by each service and

**What's New in Clinical Prevention? Information from the U.S. Preventive Services Task Force and Put Prevention Into Practice.** Agency for Healthcare Research and Quality, March 2001. Put Prevention Into Practice (PIIP) tools are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF). This convenient kit includes fact sheets, PIIP booklets for patients in English and Spanish, and ordering information for all USPSTF and PIIP products (APPIP 01-0009).

(2) cost effectiveness. (AHRQ 01-R087)

### **Put Prevention Into Practice**

Put Prevention Into Practice (PIIP), a national program sponsored by AHRQ, develops resources for clinicians, patients, and office systems to increase the delivery of U.S. Preventive Services Task Force recommended preventive services in the primary care setting.

**Child Health Guide.** Pocket-sized consumer booklet provides a brief explanation of prevention topics for children, such as immunizations, lead screening, growth and development, and nutrition. Includes a place to keep records of tests, examinations, growth, and other information. (APPIP 98-0026; single copies free; package of 25, \$15) **Spanish language booklet** (AHCPR 99-0013)

**Clinician's Handbook of Preventive Services, 2nd Edition.** 1998, 524 pp. User-friendly manual for health professionals in two sections: children/adolescents and adults/older adults. Information provided on screening tests, immunizations/prophylaxis, and counseling. (APPIP 98-0025; \$20 each)

**Pocket Guide to Good Health for Adults.** Pocket-sized consumer booklet provides a brief explanation of prevention topics for adults, such as blood pressure, cholesterol, weight, tobacco use, and physical activity. Includes a place to keep records of preventive care, dates, results, and other personal information. (APPIP 03-0001; single copies free; package of 25, \$15)

**Staying Healthy at 50+.** Agency for Healthcare Research and Quality, AARP,

and Health Resources and Services Administration, January 2000. Describes ways that people aged 50 and older can stay healthy, including living habits to prevent certain diseases and conditions; screening tests to find conditions or diseases early; and immunizations to prevent diseases. (AHRQ 00-0002; single copies free; package of 25, \$15) **Spanish language booklet** (AHRQ 00-0010)

### **Implementation Guide**

**Health Risk Profiles and Preventive Care Flow Sheets.** Handy packet of health risk profiles and preventive care flow sheets for children, adolescents, and adults, helps to make the delivery of preventive care routine and easy. Included in *A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach* (APPIP 02-0003; \$5 for 25 sets)

**A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach.** Explains how to evaluate delivery of preventive services and make whatever changes, large or small, are needed to make the routine delivery of preventive services part of a practice setting. Includes worksheets, health risk profiles, and preventive care flow sheets. (APPIP 01-0001; \$20 each)

### **Posters**

**Clinical Preventive Services Timeline for Normal-Risk Adults.** (APPIP 02-0022)

**Clinical Preventive Services Timeline for Normal-Risk Children.** (APPIP 98-0022)

**We Put Prevention Into Practice.** (APPIP 02-0021) (\$2 each poster)



All Put Prevention Into Practice materials are available from the AHRQ Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907. Call: (800) 358-9295. Please refer to APPIP or AHRQ number when ordering.

## **U.S. Preventive Services Task Force**

The U.S. Preventive Services Task Force documents the evidence supporting many preventive services and has helped to increase awareness, delivery, and coverage of preventive care. A series of evidence-based prevention materials are available in several formats for health care providers and the public.

**Guide to Clinical Preventive Services, Second Edition.** 1996, 930 pp. Updates the 1989 U.S. Preventive Services Task Force Report, providing evidence-based recommendations for clinical preventive services (screening, immunizations, and counseling). (OM 97-0001; \$20 each)

**Guide to Clinical Preventive Services, Third Edition: Periodic Updates.** October 2002. Provides an incremental compilation of the current U.S. Preventive Services Task Force recommendations and the supporting evidence that updates the recommendations contained in the *Guide to Clinical Preventive Services, Second Edition*. Contents of this looseleaf notebook will be released approximately twice each year, and a cumulative index will be released annually (APPPI 02-0001; \$60 for the subscription)

## **Systematic Evidence Reviews**

Detailed systematic evidence reviews (SERs), produced for the U.S. Preventive Services Task Force, provide background information and data that serve as the foundation for Task Force recommendations. Available on the AHRQ Web site only at [www.ahrq.gov](http://www.ahrq.gov). Click on Preventive Services, then click on specific topics to access SERs.

**Breast Cancer Screening,** *SER No. 15*

**Chemoprevention of Breast Cancer,** *SER No. 8*

**Clinician Counseling to Promote Physical Activity,** *SER No. 9*

**Hormone Replacement Therapy and Breast Cancer,** *SER No. 14*

**Hormone Replacement Therapy and Cognition,** *SER No. 13*

**Hormone Replacement Therapy and Osteoporosis,** *SER No. 12*

**Hormone Replacement Therapy and Risk of Venousthromboembolism,** *SER No. 11*

**Newborn Hearing Screening,** *SER No. 5*

**Postmenopausal Hormone Replacement Therapy and Cardiovascular Disease,** *SER No. 10*

**Prostate Cancer Screening,** *SER No. 16*

**Screening for Colorectal Cancer in Adults,** *SER No. 7*

## **What's New**

This series of fact sheets is based on individual recommendations from the U.S. Preventive Services Task Force for clinicians, the media, and poli-

cymakers. Summarizes Task Force recommendations and gives background information on the topics addressed:

**Aspirin for the Primary Prevention of Cardiovascular Events** (APPPI 02-004)

**Breast Cancer Chemoprevention** (APPPI 02-0024)

**Colorectal Cancer Screening** (APPPI 02-0023)

**Hormone Replacement Therapy** (APPPI 02-0020)

**Screening for Bacterial Vaginosis in Pregnancy** (APPPI 01-0012)

**Screening for Breast Cancer** (APPPI 02-0016)

**Screening for Chlamydial Infection** (APPPI 01-0010)

**Screening for Depression** (APPPI 02-0019)

**Screening for Lipid Disorders** (APPPI 01-0011)

## **Consumer Information and Education**

**Be Informed: Questions to Ask Your Doctor Before You Have Surgery.** Agency for Health Care Policy and Research, January 1995, 12 pp. Provides 12 questions for patients to ask their primary care doctor and surgeon before having surgery—and the reasons for each question. Resources for additional information are included. (AHCPR 95-0027) **Spanish language booklet** (AHCPR 95-0064)

**Choosing and Using a Health Plan.** Agency for Health Care Policy and Research and Health Insurance Association of America, March 1997, 29 pp. Explains to consumers how to choose and use a health plan, and where to look for

more information. (AHCPR 97-0011) **Spanish language booklet** (AHCPR 98-0013)

**Common Uterine Conditions. Options for Treatment.**

Agency for Health Care Policy and Research, December 1997, 33 pp. Explains most of the problems that can affect a woman's reproductive system and the ways the problems can be treated. (AHCPR 98-0003)

**Spanish language booklet** (AHCPR 98-0016)

**Improving Health Care Quality. A Guide for Patients and Families.**

Agency for Healthcare Research and Quality, October 2000, 21 pp. Discusses some of the reasons for variations in health care quality and steps consumers can take to improve the quality of their care. (AHRQ 01-0004)

**Spanish language booklet** (AHCPR 01-0032)

**Information and Referral Systems: An Evaluation Report on Technical and Public Outreach Challenges.**

J. Finn, M. Medarametla, *Final Report*, October 2000, 25 pp. Discusses the findings from an evaluation of the Nation's network of information and referral (I&R) systems from two perspectives: experience with technical support and staff training issues, and involvement with public outreach. Addresses the implications for future dissemination of Federal consumer health information through I&R systems. (AHRQ 01-R004)

**Now You Have a Diagnosis—**

**What's Next?** Agency for Healthcare Research and Quality, February 2000, 32 pp. Explains how to find reliable health care information, and how to use that information to look at benefits and risks of each treatment you may be considering. Also provides tips

on developing a treatment plan with your health care providers. (AHRQ 00-0004)

**Spanish language booklet** (AHRQ 00-0038)

**Prescription Medicines and You. A Consumer Guide.**

Agency for Health Care Policy and Research and National Council on Patient Information and Education, August 1996, 17 pp. Explains how patients can avoid errors when taking medicine and provides tips on talking with health care professionals. (AHCPR 96-0056)

**The consumer guide about taking prescription medicines is available in Spanish and Asian languages:**

**Cambodian** (AHCPR 97-0019)

**Chinese** (AHCPR 97-0017)

**Korean** (AHCPR 97-0020)

**Spanish** (AHCPR 97-0002)

**Vietnamese** (AHCPR 97-0018)

**Ways You Can Help Your Family Prevent Medical Errors!**

Agency for Healthcare Research and Quality, October 2001, 10 pp. An easy-to-read guide for consumers about how to prevent common health care mistakes. (AHRQ 01-0017)

**Spanish language booklet** (AHRQ 02-0001)

**Your Guide to Choosing Quality Health Care.**

Agency for Health Care Policy and Research, December 1998, 47 pp. Helps consumers apply research findings on quality measures and make major decisions regarding health

See pp. 8-10 for other materials for consumers.

plans, doctors, treatments, hospitals, and long-term care. (AHCPR 99-0012)

## Data Development and Use

**Comorbidity Measures for Use With Administrative**

**Data.** A. Elixhauser, C. Steiner, D. Harris, et al., *Medical Care*, 36 (1):1998, 8-27. Improves on comorbidity measures for use with administrative inpatient data sets with a set of 30 factors for predicting hospital charges, length of stay, and in-hospital mortality. (AHCPR 98-R013)

**HIM's Role in Monitoring**

**Patient Safety.** P. Romano, A. Elixhauser, K. McDonald, et al., *Journal of AHIMA*, 73(3):March 2002, 72-74. Focuses on Patient Safety Indicators (PSIs), which comprise the last of a three-module set of quality indicators developed by the Agency for Healthcare Research and Quality.

Discusses a five-step development and testing process, coding complications, and the contributions of HIM professionals. (AHRQ 02-R056)

**Inpatient Quality Indicators.**

Agency for Healthcare Research and Quality, May 2002, six-panel brochure. Describes the second module in a three-part set of AHRQ Quality Indicators (QIs) that can be readily downloaded from the AHRQ Web site. The 29 Inpatient QIs include both area-level and provider-level indicators relating to inpatient utilization, mortality, and volume. The Inpatient QIs can provide an indirect measure of in-hospital quality of care by using administrative data found in a typical discharge record. (AHRQ 02-0020)



**MEPSnet.** This interactive online service presents data from the Medical Expenditure Panel Survey (MEPS). MEPSnet/HC

([www.meps.ahrq.gov/MEPSNet/HC/MEPSnetHC.asp](http://www.meps.ahrq.gov/MEPSNet/HC/MEPSnetHC.asp)) gives easy access to statistics on insurance coverage and health care use, expenses, and sources of payment for the U.S. noninstitutionalized population using household-reported data. MEPSnet/IC ([www.meps.ahrq.gov/MEPSNet/IC/MEPSnetIC.asp](http://www.meps.ahrq.gov/MEPSNet/IC/MEPSnetIC.asp)) gives national statistics and trends on job-related health insurance using establishment-reported data.

### **Patient Safety Indicators: Using Administrative Data to Identify Potential Patient Safety Concerns.**

M. Miller, A. Elixhauser, C. Zhan, et al., *HSR: Health Services Research*, Part II, 36(6):December 2001, 110-132. Describes the development of Patient Safety Indicators (PSIs); provides an epidemiologic description of PSI events; explores the relationship between PSI events and patient length of stay, in-hospital mortality, and hospital charges; and examines correlates of PSI events. (AHRQ 02-R039)

### **Prevention Quality**

**Indicators.** Agency for Healthcare Research and Quality, November 2001. Two-fold brochure describes the Prevention Quality Indicators, the first part of a three-module set of new AHRQ Quality Indicators (QIs). The Prevention QIs represent hospital admission rates for 16 conditions (such as asthma, bacterial pneumonia, and uncontrolled diabetes) for which high-quality, community-based primary care can often prevent hospitalization. The Prevention QIs can be used by public health agencies, health care systems, and others to flag potential problems in access to primary care or outpatient services in their communities. (AHRQ 02-M004)

## **Dental Health**

### **Comparing Oral Health Care Utilization Estimates in the United States Across Three Nationally Representative Surveys.**

M. Macek, R. Manski, C. Vargas, et al., *HSR: Health Services Research*, 37(2):April 2002, 499-521. Compares dental visit estimates derived from the standard National Health Interview Survey (NHIS) with estimates derived from the National Health and Nutrition Examination Survey (NHANES) and other health expenditure surveys. Shows how NHANES and the health expenditure surveys differ from NHIS and places the differences in the context of political, public health, and research issues. (AHRQ 02-R071)

### **Dental Services: An Analysis of Utilization Over 20 Years.**

R. Manski, J. Moeller, W. Mass, *Journal of the American Dental Association*, 132:May 2001, 655-664. Focuses on dental utilization and the changes in utilization for the civilian, community-based U.S. population during 1977, 1987, and 1996; provides national estimates of dental visits for several socioeconomic and demographic categories; and augments utilization studies with a detailed comparative analysis of 20 years' of data. (AHRQ 01-R068)

### **Dental Services: Use, Expenditures and Sources of**

**Payment, 1987.** R. Manski, J. Moeller, W. Maas, *Journal of the American Dental Association*, 130:April 1999, 500-508. Provides per capita estimates of dental care utilization, expenditures, mix of services and sources of payment for each of several socioeconomic and demographic categories. Establishes the magnitude of the dental care market and the amounts paid by individual patients, private insurance companies, and Medicaid. (AHCPR 99-R070)

### **The Funding of Dental Services Among U.S. Adults Aged 18 Years and Older: Recent Trends in Expenditures and Sources of**

**Funding.** L. Brown, T. Wall, R. Manski, *Journal of the American Dental Association*, 133:May 2002, 627-635. Focuses on changes in the funding of dental services for adults in the United States and uses charges as a measure for dental expenditures. Examines changes in expenditures and amount of services from 1987 to 1996 within major demographic and socioeconomic categories. (AHRQ 02-R068)

### **The Funding of Dental Services Among U.S. Children Aged 2 to 17 Years Old: Recent Trends in Expenditures and Sources of**

**Funding.** T. Wall, L. Brown, R. Manski, *Journal of the American Dental Association*, 133:April 2002, 474-482. Focuses on changes in the funding of dental services for children in the United States and uses charges as a measure for dental expenditures. Examines changes in expenditures and amount of services from 1987 to 1996 within major



demographic and socioeconomic categories. (AHRQ 02-R069)

**Use of Dental Services. An Analysis of Visits, Procedures and Providers, 1996.** R.

Manski, J. Moeller, *Journal of the American Dental Association*, 133:February 2002, 167-175. Augments the existing research on dental treatments that Americans have received with data from the 1996 Medical Expenditure Panel Survey, compares these data with similar data from the 1987 National Medical Expenditure Survey, identifies changes that have occurred during the intervening years, and examines the distribution of visits among provider types and the relationship between provider type and various socioeconomic and demographic characteristics. (AHRQ 02-R050)

## Elderly/Long-Term Care

**The Allocation of Resources in Intergenerational Households: Adult Children and Their Elderly Parents.**

L. Pezzin, B. Schone, *Women, Health, and Aging*, 87(2):May 1997, 460-464. Investigates intrahousehold resource allocation and examines potential policy implications of intrafamily distribution of income for the welfare of elderly adults. (AHCPR 98-R029)

**Assessing Access as a First Step Toward Improving the Quality of Care for Very Old Adults.** A. Bierman,

E. Magari, A. Jette, et al., *Journal of Ambulatory Care Management*, 21(3):July 1998, 17-26. Reviews data on people aged 80 and older to assess the prevalence of barriers to care and to identify the characteris-

tics that impact the accessibility of health services. (AHCPR 98-R076)

**The Characteristics of Long-Term Care Users.** W. Spector, J. Fleishman, L. Pezzin, et al., *AHRQ Research Report*, August 2000, 44 pp. Examines the characteristics of adult long-term care users, defined by type of assistance received rather than the setting in which it is received. (AHRQ 00-0049)

**Characteristics of Nursing Home Residents—1996.**

N. Krauss, B. Altman, *MEPS Research Findings No. 5*, December 1998, 24 pp. Uses data from the 1996 Nursing Home Component of the Medical Expenditure Panel Survey to profile the health and demographic characteristics of the approximately 1.56 million persons in the United States that were living in nursing homes on January 1, 1996. (AHCPR 99-0006)

**Combining Activities of Daily Living With Instrumental Activities of Daily Living to Measure Functional Disability.** W. Spector,

J. Fleishman, *Journal of Gerontology: Social Sciences*, 53B(1):1998, S46-S57. Assesses the dimensions of daily living measurements, uses item response theory methods to estimate disability scores for individuals, and discusses the implications for research and for using disability measures to determine program eligibility. (AHCPR 98-R028)

**The Competitive Nature of the Nursing Home Industry: Price Mark Ups and Demand Elasticities.** D. Mukamel, W. Spector, *Applied Economics*, 34:2002, 413-420. Investigates the structure of nursing home markets in New York State.

Shows how nursing home markets are likely to deviate from a competitive structure because of the limitations on entry imposed by Certificate of Need regulations and the potential for product differentiation (along the attributes of location, religious affiliation, and quality). (AHRQ 02-R052)

**Constructs of Burden of Illness in Older Patients with Breast Cancer: A Comparison of Measurement**

**Methods.** J. Mandelblatt, A. Bierman, K. Gold, et al., *HSR: Health Services Research*, Part I, 36(6):December 2001, 1085-1107. Uses a conceptual model of total illness burden to evaluate the relationship between five measures of illness burden and global health and physical function among a cohort of older women with early stage breast cancer. (AHRQ 02-R044)

**Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component.** D. Potter, *MEPS Methodology Report*, 3:September 1998, 57 pp. Describes the design of and methods used in the MEPS Nursing Home Component. Includes information on the objectives, sample design, instruments of data collection, and data collection procedures. (AHCPR 98-0041)

**Epidemiologic Trends in the Hospitalization of Elderly Medicare Patients for Pneumonia, 1991-1998.** W. Baine, W. Yu, J. Summe, *American Journal of Public Health*, 91(7):July 2001, 1121-1123. Determines the hospitalization rates of elderly Americans for pneumonia during an 8-year period using Medicare claims data. Finds significant disparities in hospitalization risks by race, sex, and principal diagnosis. (AHRQ 01-R078)

**The Epidemiology of Hospitalization of Elderly Americans for Septicemia or Bacteremia in 1991-1998: Application of Medicare Claims Data.** W. Baine, W. Yu, J. Summe, *Annals of Epidemiology*, 11(2):February 2001, 118-126. Surveys the hospitalization of elderly Americans for inpatient management of infections of the bloodstream, introduces the claims data for septicemia and bacteremia, summarizes the epidemiology of the most frequent diagnoses, and identifies strengths and limitations of the data. (AHRQ 01-R061)

**Expenses and Sources of Payment for Nursing Home Residents, 1996.** J. Rhoades, J. Sommers, *MEPS Research Findings No. 13*, December 2000, 22 pp. Presents estimates of total nursing home expenses during 1996. Separate estimates are presented for mean expenses per person and per day. Distribution of sources of payment is shown by demographic, financial, and health status characteristics of nursing home users. (AHRQ 01-0010)

**Future Directions for Community-Based Long-Term Care Health Services Research.** W. Spector, T. Shaffer, R. Hodlewsky, et al., *Expert Meeting Summary*, April 2002, 29 pp. Summarizes a 2-day meeting held in June 2000 and designed to help guide the Agency for Health Care Research and Quality develop its long-term care agenda. Provides advice on research priorities, identifies quality measures and data gaps, and develops strategies to reduce these gaps. (AHRQ 02-0022)

**Future Directions for Residential Long-Term Care Health Services Research.** W. Spector, D. Potter, J. De La

Mare, *AHRQ Summary of Expert Meeting*, October 1999, 36 pp. Summarizes a meeting of long-term care experts to help guide the Agency in developing its long-term care agenda and provide advice on alternative approaches to data collection. (AHRQ 01-0007)

**Health-Related Behaviors and the Benefits of Marriage for Elderly Persons.**

B. Schone, R. Weinick, *The Gerontologist*, 38(5):1998, 618-617. Uses data from the 1987 National Medical Expenditure Survey to investigate the relationship between health behaviors, marital status, and gender in the elderly population. Estimates logistic regression models to determine which factors affect the likelihood that elderly persons will undertake healthy behaviors. (AHCPR 99-R007)

**The Impact of Ownership Type On Nursing Home Outcomes.** W. Spector, T. Selden, J. Cohen, *Health Economics*, 7:1998, 639-653. Questions whether and how economic behavior is affected by ownership type. Sorts residents between for-profit and nonprofit nursing homes and examines the effect of ownership on the health outcomes of those residents. (AHCPR 99-R026)

**Implementing a Strategy for Improving Care: Lessons from Studying Those Age 80 and Older in a Health System.** M. Splaine, A. Bierman, J. Wasson, *Journal of Ambulatory Care Management*, 21(3):July 1998, 56-59. Describes solutions to the barriers arising in the practice of geriatric clinical care and provides a mnemonic for incorporating the measurement of objectives into daily work. (AHCPR 98-R077)

**Improving the Health and Health Care of Older Americans.** A. Bierman, W. Spector, AHRQ Task Force on Aging, *Task Force Report*, May 2001, 33 pp. Summarizes findings and recommendations of the Task Force and provides a rationale for developing, implementing, and disseminating an agenda on health services research related to aging. (AHRQ 01-0030)

**Measuring Functioning in Daily Activities for Persons with Dementia.** W. Spector, *Alzheimer Disease and Associated Disorders*, 11(6):1997, 81-90. Reviews the measurement of functional disability for persons with dementia; emphasizes the concepts of validity, measurement bias, and scaling properties; and questions if dementia-specific scales measure the disability consequences of cognitive impairment or actual cognitive impairments. (AHCPR 98-R025)

**Nursing Home Administrators' Perceptions of Competition and Strategic Responses.** W. Spector, D. Mukamel, *Long-Term Care Interface*, March 2001, 37-41. Presents findings from a 1999 survey mailed to nursing home administrators in New York State, which was designed to elicit their perceptions of competition in the nursing home market and their strategic plans to cope with changing market conditions. (AHRQ 01-R055)

**Nursing Home Costs and Risk-Adjusted Outcome Measures of Quality.** D. Mukamel, W. Spector, *Medical Care*, 38(1):2000, 78-89. Investigates the relationship between costs and quality of care in nursing homes, and tests the hypothesis that higher quality may be associated with lower costs. Suggests that there is

variability in the efficiency and quality of nursing home care, and that despite pressures for cost containment, improved quality in nursing homes remains a viable goal. (AHRQ 00-R019)

**Nursing Home Expenses, 1987 and 1996.** J. Rhoades, J. Sommers, *MEPS Chartbook No. 6*, June 2001, 47 pp. Presents estimates from the Medical Expenditure Panel Survey (MEPS) on changes in nursing home expenses and sources of payment from 1987 to 1996. (AHRQ 01-0029)

**Nursing Home Trends, 1987 and 1996.** J. Rhoades, N. Krauss, *MEPS Chartbook No. 3*, May 1999, 26 pp. Presents estimates on the nursing home market and characteristics of the nursing home population, compares nursing home facilities and residents in 1987 and 1996, and provides information on special care units for 1996 only. (AHCPR 99-0032)

**Nursing Home Update—1996: Characteristics of Nursing Home Facilities and Residents.** N. Krauss, M. Freiman, J. Rhoades, et al., *MEPS Highlights*, 2:July 1997, 4 pp. Presents Round 1 data from the MEPS Nursing Home Component, which includes information gathered from a nationally representative sample of nursing homes during the first half of 1996. (AHCPR 97-0036)

**Nursing Homes—Structure and Selected Characteristics, 1996.** J. Rhoades, D. Potter, N. Krauss, *MEPS Research Findings No. 3*, January 1998, 17 pp. Uses the 1996 Nursing Home Component of the Medical Expenditure Panel Survey (MEPS), to provide estimates of the number and distribution of nursing homes by nursing home type, owner-

ship and chain affiliation, certification status, size, and geographic distribution. (AHCPR 98-0006)

**Outcomes and Effectiveness Research in Alzheimer Disease.** C. Clancy, J. Cooper, *Alzheimer Disease and Associated Disorders*, 11(6):1997, 7-11. Reviews the forces underlying the interest in outcomes and effectiveness research, reviews conceptual definitions and methodological challenges, and considers issues related to interventions for Alzheimer disease. (AHCPR 98-R026)

**Parental Marital Disruption and Intergenerational Transfers: An Analysis of Lone Elderly Parents and Their Children.** L. Pezzin, B. Schone, *Demography*, 36(3):August 1999, 287-297. Analyzes the direct and indirect effects of marital disruption on living arrangements, financial assistance, adult children's provision of informal care, and parental purchase of paid care. Shows that divorce has deleterious effects on economic transfers between generations, particularly for elderly fathers. (AHCPR 99-R079)

**The Population of People Age 80 and Older: A Sentinel Group for Understanding the Future of Health Care in the United States.** J. Patterson, A. Bierman, M. Splaine, et al., *Journal of Ambulatory Care Management*, 21(3):July 1998, 10-16. Describes the survey methodology of 80+ Project, which was designed to help clinicians understand the special needs of those aged 80 and above, and to provide information on their health and functional status, resource use, and access to and satisfaction with health care. (AHCPR 98-R075)

**Potentially Inappropriate Medication Use in the Community-Dwelling Elderly. Findings From the 1996 Medical Expenditure Panel Survey.** C. Zhan, J. Sangl, A. Bierman, et al., *JAMA*, 286(22):December 12, 2001, 2823-2829. Reports the latest available national estimates from the 1996 Medical Expenditure Panel Survey of potentially inappropriate medication use among the community-dwelling elderly population. Examines trends over a 10-year period and explores factors associated with inappropriate medication use among elderly patients. (AHRQ 02-R030)

**The Roles of Medicaid and Economic Factors in the Demand for Nursing Home Care.** J. Reschovsky, *HSR: Health Services Research*, 33(4):October 1998, 787-813. Explores the ways in which Medicaid eligibility affects nursing home demand (focusing on the role of economic variables) and how the level of disability and the availability of informal care interact with other factors. (AHCPR 99-R005)

**Sample Design of the 1996 Medical Expenditure Panel Survey Nursing Home Component.** J. Bethel, P. Broene, J. Sommers, *MEPS Methodology Report*, 4:September, 21 pp. Documents the implementation of the sample design for the MEPS Nursing Home Component, including the sampling frame, facility selection, and within-facility sample selection through Round 1 of data collection. (AHCPR 98-0042)

**Special Care Units in Nursing Homes—Selected Characteristics, 1996.** M. Freiman, E. Brown, *MEPS Research Findings No. 6*, January 1999, 15 pp. Summa-



rizes information on special care units in nursing homes, with emphasis on Alzheimer's units, based on the 1996 Nursing Home Component of the Medical Expenditure Panel Survey. (AHCPR 99-0017)

**Supplemental Insurance and Mortality in Elderly Americans.** M. Doescher, P. Franks, J. Banthin, et al., *Archives of Family Medicine*, 9:March 2000, 251-257. Examines the relationship between the risk for out-of-pocket expenditures and mortality in elderly persons who have private supplemental insurance. Supports policies to decrease out-of-pocket health care expenditures to reduce the risk for premature mortality in elderly Americans. (AHRQ 00-R032)

**Trends and Outcomes in the Hospitalization of Older Americans for Cardiac Conduction Disorders or Arrhythmias, 1991-1998.** W. Baine, W. Yu, K. Weis, *Journal of the American Geriatrics Society*, 49:2001, 763-770. Identifies epidemiological trends, describes the attributes of persons at risk for hospitalization, and measures outcomes in elderly patients hospitalized for cardiac conduction disorders or arrhythmias. (AHRQ 01-R084)

**Using Outcomes to Make Inferences About Nursing Home Quality.** W. Spector, D. Mukamel, *Evaluation & the Health Professions*, 21(3): September 1998, 291-315. Discusses why it is difficult to develop facility-level outcome measures that can be used to evaluate and compare the quality of care of nursing homes. Places the current interest in outcomes measures in its historical policy context and reviews important concep-

tual and methodological issues associated with outcome-based quality assessment. (AHCPR 98-R083)

## Evidence-Based Medicine

**Broadening the Evidence Base for Evidence-Based Guidelines.** D. Atkins, C. DiGiuseppi, *American Journal of Preventive Medicine*, 14(4):1998, 335-344. Outlines major areas where research is needed to define the appropriate use for specific screening tests, counseling interventions, immunizations, and chemoprophylaxis. Asks what are the most reliable and effective ways to measure and improve the delivery and quality of preventive care provided in the primary care setting. (AHCPR 98-R086)

**Colorectal Cancer Screening.** Agency for Health Care Policy and Research, *Technical Review 1*, May 1998, 154 pp. Reviews scientific evidence on screening for colorectal cancer and adenomatous polyps in asymptomatic persons at average risk for colorectal cancer, subsequent diagnostic evaluation in those with positive screening tests, and surveillance of those with colorectal disease; reviews five screening tests; and highlights areas for future research to improve screening. (AHCPR 98-0033)

**Diagnosis of Attention-Deficit/Hyperactivity Disorder.** Agency for Health Care Policy and Research, *Technical Review 3*, August 1999, 114 pp. Summarizes current scientific evidence from the literature on the prevalence of attention-deficit/hyperactivity disorder and on the value of various evaluation methods. (AHCPR

99-0050)

**Summary.** August 1999 (AHCPR 99-0049)

**Globalize the Evidence, Localize the Decision: Evidence-Based Medicine and International Diversity.** J. Eisenberg, *Health Affairs*, 21(3):May/June 2002, 166-168. Discusses the opportunities of sharing evidence about the outcomes and effectiveness of health care at the global level and then translating that evidence into improved health care at the local level. (AHRQ 02-R066)

**Pharmacological Treatment of Alcohol Dependence—A Review of the Evidence.** J. Garbutt, S. West, T. Carey, et al., *JAMA*, 281(14):April 14, 1999, 1318-1325. Uses data from 41 studies and 11 followup studies on alcohol-dependent human subjects aged 18 years or older. Evaluates the efficacy of five categories of drugs (disulfiram, naltrexone and nalmefene, acamprosate, various serotonergic agents, and lithium for treating alcohol dependency). (AHCPR 99-R056)

**Ten Lessons for Evidence-Based Technology Assessment.** J. Eisenberg, *JAMA*, 282(19):November 17, 1999, 1865-1869. Outlines the lessons learned after 10 years of technology assessment at the Agency for Health Care Policy and Research. Describes technology assessment as a critical need and a "part of the institutional fabric that weaves together evidence-based health care, outcomes research, cost-effectiveness analysis, ethical considerations, and studies of both patient preferences and practitioner behavior." (AHCPR 00-R008)



**What Does Evidence Mean? Can the Law and Medicine Be Reconciled?** J. Eisenberg, *Journal of Health Politics, Policy and Law*, 26(2):April 2001, 369-381. Discusses the role of evidence in health care with a historical perspective as an introduction; notes the Agency for Healthcare Research and Quality's responsibility to bridge gaps between what health care decision-makers need to know and what is known, and between what is known and what is done in health care; and reveals six differences between legal and health care approaches to the concept of evidence. (AHRQ 01-R046)

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**Evidence Reports/Technology Assessments**

**Anesthesia Management During Cataract Surgery.** *Evidence Report/Technology Assessment No. 16.*  
**Summary.** July 2000 (AHRQ 00-E014)  
**Evidence Report.** Vols. 1 & 2, December 2001 (AHRQ 01-E017)

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**Ayurvedic Interventions for Diabetes Mellitus: A Systematic Review.** *Evidence Report/Technology Assessment No. 41.*  
**Summary.** June 2001 (AHRQ 01-E039)  
**Evidence Report.** September 2001 (AHRQ 01-E040)

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**Bioterrorism Preparedness and Response: Use of Information Technologies and Decision Support Systems.** *Evidence Report/Technology Assessment No. 59.*  
**Summary.** June 2002 (AHRQ 02-E027)  
**Evidence Report.** June 2002 (AHRQ 02-E028)

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**Cardiovascular Effects of Epinephrine in Hypertensive Dental Patients.** *Evidence Report/Technology Assessment No. 48.*  
**Summary.** March 2002 (AHRQ 02-E005)  
**Evidence Report.** July 2002 (AHRQ 02-E006)

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**Criteria for Determining Disability in Speech-Language Disorders.** *Evidence Report/Technology Assessment No. 52.*  
**Summary.** January 2002 (AHRQ 02-E009)  
**Evidence Report.** March 2002 (AHRQ 02-E010)

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**Criteria for Weaning From Mechanical Ventilation.** *Evidence Report/Technology Assessment No. 23.*  
**Summary.** June 2000 (AHRQ 00-E028)  
**Evidence Report.** November 2000 (AHRQ 01-E010)

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**Defining and Managing Chronic Fatigue Syndrome.** *Evidence Report/Technology Assessment No. 42.*  
**Summary.** September 2001 (AHRQ 01-E061)  
**Evidence Report.** October 2001 (AHRQ 02-E001)

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**Determinants of Disability in Patients With Chronic Renal Failure.** *Evidence Report/Technology Assessment No. 13.*  
**Summary.** May 2000 (AHRQ 00-E012)  
**Evidence Report.** May 2000 (AHRQ 00-E013)

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**Diagnosis and Management of Dental Caries.** *Evidence Report/Technology Assessment No. 36.*  
**Summary.** February 2001 (AHRQ 01-E055)  
**Evidence Report.** June 2001 (AHRQ 01-E056)

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**Diagnosis and Management of Specific Breast Abnormalities.** *Evidence Report/Technology Assessment No. 33.*  
**Summary.** April 2001 (AHRQ 01-E045)  
**Evidence Report.** September 2001 (AHRQ 01-E046)

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**Diagnosis and Treatment of Acute Bacterial Rhinosinusitis.** *Evidence Report/Technology Assessment No. 9.*  
**Summary.** March 1999 (AHCPR 99-E015)  
**Evidence Report.** March 1999 (AHCPR 99-E016)

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**Diagnosis and Treatment of Swallowing Disorders (Dysphagia) in Acute-Care Stroke Patients.** *Evidence Report/Technology Assessment No. 8.*  
**Summary.** March 1999 (AHCPR 99-E023)  
**Evidence Report.** July 1999 (AHCPR 99-E024)

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**Diagnosis and Treatment of Uncomplicated Acute Sinusitis in Children.** *Evidence Report/Technology Assessment No. 9, Supplement.*  
**Summary.** October 2000 (AHRQ 01-E007)  
**Supplement.** October 2000 (AHRQ 01-E005)

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**Diagnosis, Natural History, and Late Effects of Otitis Media with Effusion.** *Evidence Report/Technology Assessment No. 55.*  
**Summary.** June 2002 (AHRQ 02-E025)  
**Evidence Report.** June 2002 (AHRQ 02-E026)

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**Effectiveness and Cost-Effectiveness of Echocardiography and Carotid Imaging in the Management of Stroke.** *Evidence Report/Technology*

*Assessment No. 49.*

**Summary.** July 2002 (AHRQ 02-E021)

**Evidence Report.** July 2002 (AHRQ 02-E022)

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**Efficacy of Interventions to Modify Dietary Behavior Related to Cancer Risk.**

*Evidence Report/Technology Assessment No. 25.*

**Summary.** November 2000 (AHRQ 01-E028)

**Evidence Report.** Vols. 1 & 2, June 2001 (AHRQ 01-E029)

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**Endoscopic Retrograde Cholangiopancreatography.**

*Evidence Report/Technology Assessment No. 50.*

**Summary.** January 2002 (AHRQ 02-E008)

**Evidence Report.** June 2002 (AHRQ 02-E017)

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**An Evaluation of Beta-Blockers, Calcium Antagonists, Nitrates, and Alternative Therapies for Stable Angina.**

*Evidence Report/Technology Assessment No. 10.*

**Summary.** November 1999 (AHCPR 00-E002)

**Evidence Report.** November 1999 (AHRQ 00-E003)

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**Evaluation of Cervical Cytology.**

*Evidence Report/Technology Assessment No. 5.*

**Summary.** January 1999 (AHCPR 99-E009)

**Evidence Report.** March 1999 (AHCPR 99-E010)

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**Evaluation of Technologies for Identifying Acute Cardiac Ischemia in Emergency Departments.**

*Evidence Report/Technology Assessment No. 26.*

**Summary.** September 2000 (AHRQ 00-E031)

**Evidence Report.** May 2001 (AHRQ 01-E006)

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**Garlic: Effects on Cardiovascular Risks and Disease, Protective Effects Against Cancer, and Clinical Adverse Effects.**

*Evidence Report/Technology Assessment No. 20.*

**Summary.** October 2000 (AHRQ 01-E022)

**Evidence Report.** October 2000 (AHRQ 01-E023)

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**Impact of Cancer-Related Decision Aids.**

*Evidence Report/Technology Assessment No. 46.*

**Summary.** July 2002 (AHRQ 02-E003)

**Evidence Report.** July 2002 (AHRQ 02-E004)

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**Making Health Care Safer: A Critical Analysis of Patient Safety Practices.**

*Evidence Report/Technology Assessment No. 43.*

**Summary.** July 2001 (AHRQ 01-E057)

**Evidence Report.** July 2001 (AHRQ 01-E058)

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**Management of Acne.**

*Evidence Report/Technology Assessment No. 17.*

**Summary.** March 2001 (AHRQ 01-E018)

**Evidence Report.** Vols. 1 & 2, September 2001 (AHRQ 01-E019)

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**Management of Acute Exacerbations of Chronic Obstructive Pulmonary Disease.**

*Evidence Report/Technology Assessment No. 19.*

**Summary.** September 2000 (AHRQ 00-E020)

**Evidence Report.** March 2001 (AHRQ 01-E003)

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**Management of Acute Otitis Media.**

*Evidence Report/Technology Assessment No. 15.*

**Summary.** June 2000 (AHRQ

00-E008)

**Evidence Report.** May 2001 (AHRQ 01-E010)

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**Management of Allergic and Nonallergic Rhinitis.**

*Evidence Report/Technology Assessment No. 54.*

**Summary.** May 2002 (AHRQ 02-E023)

**Evidence Report.** May 2002 (AHRQ 02-E024)

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**Management of Cancer Pain.**

*Evidence Report/Technology Assessment No. 35.*

**Summary.** January 2001 (AHRQ 01-E033)

**Evidence Report.** Vols. 1 & 2, October 2001 (AHRQ 02-E002)

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**Management of Cancer Symptoms: Pain, Depression, and Fatigue.**

*Evidence Report/Technology Assessment No. 61.*

**Summary.** July 2002 (AHRQ 02-E031)

**Evidence Report.** July 2002 (AHRQ 02-E032)

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**Management of Chronic Asthma.**

*Evidence Report/Technology Assessment No. 44.*

**Summary.** September 2001 (AHRQ 01-E043)

**Evidence Report.** September 2001 (AHRQ 01-E044)

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**Management of Chronic Central Neuropathic Pain Following Traumatic Spinal Cord Injury.**

*Evidence Report/Technology Assessment No. 45.*

**Summary.** September 2001 (AHRQ 01-E062)

**Evidence Report.** September 2001 (AHRQ 01-E063)

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**Management of Chronic Hepatitis C.**

*Evidence Report/Technology Assessment No. 60.*

**Summary.** June 2002 (AHRQ 02-E029)  
**Evidence Report.** July 2002 (AHRQ 02-E030)

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**Management of Chronic Hypertension During Pregnancy.** *Evidence Report/Technology Assessment No. 14.*

**Summary.** August 2000 (AHRQ 00-E010)  
**Evidence Report.** August 2000 (AHRQ 00-E011)

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**Management of Clinically Inapparent Adrenal Mass.** *Evidence Report/Technology Assessment No. 56.*

**Summary.** February 2002 (AHRQ 02-E013)  
**Evidence Report.** May 2002 (AHRQ 02-E014)

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**Management of Dental Patients Who are HIV-Positive.** *Evidence Report/Technology Assessment No. 37.*

**Summary.** February 2001 (AHRQ 01-E041)  
**Evidence Report.** April 2002 (HRQ 01-E042)

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**Management of New Onset Atrial Fibrillation.** *Evidence Report/Technology Assessment No. 12.*

**Summary.** May 2000 (AHRQ 010-E006)  
**Evidence Report.** January 2001 (AHRQ 01-E026)

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**Management of Newly Diagnosed Patients with Epilepsy: A Systematic Review of the Literature.** *Evidence Report/Technology Assessment No. 39.*

**Summary.** February 2001 (AHRQ 01-E037)  
**Evidence Report.** September 2001 (AHRQ 01-E038)

**Management of Preterm Labor.** *Evidence Report/Technology Assessment No. 18.*

**Summary.** October 2000 (AHRQ 01-E020)  
**Evidence Report.** Vols. 1 & 2, December 2000 (AHRQ 01-E021)

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**Management of Prolonged Pregnancy.** *Evidence Report/Technology Assessment No. 53.*

**Summary.** March 2002 (AHRQ 02-E012)  
**Evidence Report.** May 2002 (AHRQ 02-E018)

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**Management of Uterine Fibroids.** *Evidence Report/Technology Assessment No. 34.*

**Summary.** January 2001 (AHRQ 01-E051)  
**Evidence Report.** Vols. 1 & 2, July 2001 (AHRQ 01-E052)

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**Milk Thistle: Effects on Liver Disease and Cirrhosis and Clinical Adverse Effects.** *Evidence Report/Technology Assessment No. 21.*

**Summary.** September 2000 (AHRQ 01-E024)  
**Evidence Report.** October 2000 (AHRQ 01-E025)

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**Mind-Body Interventions for Gastrointestinal Conditions.** *Evidence Report/Technology Assessment No. 40.*

**Summary.** March 2001 (AHRQ 01-E027)  
**Evidence Report.** July 2001 (AHRQ 01-E030)

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**Osteoporosis in Postmenopausal Women: Diagnosis and Monitoring.** *Evidence Report/Technology Assessment No. 28.*  
**Summary.** February 2001 (AHRQ 01-E031)  
**Evidence Report.** February 2002 (AHRQ 01-E032)

**Pharmacotherapy for Alcohol Dependence.** *Evidence Report/Technology Assessment No. 3.*

**Summary.** January 1999 (AHCPR 99-E003)  
**Evidence Report.** January 1999 (AHCPR 99-E004)

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**Prediction of Risk for Patients With Unstable Angina.** *Evidence Report/Technology Assessment No. 31.*

**Summary.** August 2000 (AHRQ 00-E030)  
**Evidence Report.** December 2000 (AHRQ 01-E001)

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**Prevention and Management of Urinary Tract Infections in Paralyzed Persons.** *Evidence Report/Technology Assessment No. 6.*

**Summary.** January 1999 (AHCPR 99-E007)  
**Evidence Report.** February 1999 (AHCPR 99-E008)

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**Prevention of Venous Thromboembolism After Injury.** *Evidence Report/Technology Assessment No. 22.*

**Summary.** August 2000 (AHRQ 00-E026)  
**Evidence Report.** November 2000 (AHRQ 01-E004)

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**Rehabilitation for Traumatic Brain Injury.** *Evidence Report/Technology Assessment No. 2.*

**Summary.** December 1998 (AHCPR 99-E005)  
**Evidence Report.** February 1999 (AHCPR 00-E001)

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**Rehabilitation for Traumatic Brain Injury in Children and Adolescents.** *Evidence Report/Technology Assessment No. 2, Supplement.*

**Summary.** September 1999 (AHCPR 99-E025)  
**Evidence Report.** September 1999 (AHCPR 00-E001)



**Relative Effectiveness and Cost-Effectiveness of Methods of Androgen Suppression in the Treatment of Advanced Prostatic Cancer.** *Evidence Report/Technology Assessment No. 4.*

**Summary.** January 1999 (AHCPR 99-E011)

**Evidence Report.** May 1999 (AHCPR 99-E012)

**Surgical Treatment of Coexisting Cataract and Glaucoma.** *Evidence Report/Technology Assessment No. 38.*

**Summary.** June 2001 (AHRQ 01-E049)

**Evidence Report.** Available winter 2003 (AHRQ 01-E050)

**Systematic Review of the Literature Regarding the Diagnosis of Sleep Apnea.** *Evidence Report/Technology Assessment No. 1.*

**Summary.** December 1998 (AHCPR 99-E001)

**Evidence Report.** February 1999 (AHCPR 99-E002)

**Systems to Rate the Strength of Scientific Evidence.** *Evidence Report/Technology Assessment No. 47.*

**Summary.** April 2002 (AHRQ 02-E015)

**Evidence Report.** March 2002 (AHRQ 02-E016)

**Telemedicine for the Medicare Population.** *Evidence Report/Technology Assessment No. 24.*

**Summary.** February 2001 (AHRQ 01-E011)

**Evidence Report.** July 2001 (AHRQ 01-E012)

**Telemedicine for the Medicare Population: Pediatric, Obstetric, and Clinician-Indirect Home Interventions.** *Evidence Report/Technology Assessment*

*No. 24, Supplement.*

**Summary.** August 2001 (AHRQ 01-E059)

**Supplement.** August 2001 (AHRQ 01-E060)

**Training of Clinicians for Public Health Events Relevant to Bioterrorism Preparedness.** *Evidence Report/Technology Assessment No. 51.*

**Summary.** December 2001 (AHRQ 02-E007)

**Evidence Report.** January 2002 (AHRQ 02-E011)

**Treatment of Attention-Deficit/Hyperactivity Disorder.** *Evidence Report/Technology Assessment No. 11.*

**Summary.** November 1999 (AHCPR 99-E017)

**Evidence Report.** November 1999 (AHRQ 00-E005)

**Treatment of Degenerative Lumbar Spinal Stenosis.** *Evidence Report/Technology Assessment No. 32.*

**Summary.** March 2001 (AHRQ 01-E047)

**Evidence Report.** Vols. 1 & 2, June 2001 (AHRQ 01-E048)

**Treatment of Depression—Newer Pharmacotherapies.** *Evidence Report/Technology Assessment No. 7.*

**Summary.** March 1999 (AHCPR 99-E013)

**Evidence Report.** February 1999 (AHCPR 99-E014)

**Treatment of Pulmonary Disease Following Cervical Spinal Cord Injury.** *Evidence Report/Technology Assessment No. 27.*

**Summary.** June 2001 (AHRQ 01-E013)

**Evidence Report.** September 2001 (AHRQ 01-E014)

**Use of Epoetin for Anemia in Chronic Renal Failure.**

*Evidence Report/Technology Assessment No. 29.*

**Summary.** August 2001 (AHRQ 00-E015)

**Evidence Report.** August 2001 (AHRQ 01-E016)

**Uses of Epoetin for Anemia in Oncology.** *Evidence Report/Technology Assessment No. 30.*

**Summary.** March 2001 (AHRQ 01-E008)

**Evidence Report.** June 2001 (AHRQ 01-E009)

## Funding Information/ Opportunities

**Funding Opportunities.**

**AHRQ Fact Sheet.** Agency for Healthcare Research and Quality, revised May 2000, (updated periodically), 3 pp. Describes AHCPR's research agenda and the financial assistance mechanisms and policies used for funding research projects. Focuses on opportunities for investigator-initiated research grants, includes information on contracts, and contains a list of current program announcements and requests for applications. (AHRQ 01-M002)

**Institutional Health Services Research Training Programs.**

Agency for Healthcare Research and Quality, January 2000, 12 pp. Provides information about AHRQ's programs providing tuition support and stipends to highly qualified predoctoral and postdoctoral candidates who want to prepare for careers in the organization, provision, and financing of health care services. (AHRQ 00-0007)

**Research Education and Career Development Opportunities.** Agency for

To obtain a listing of active grant announcements, you can request AHRQ's *Funding Opportunities* Fact Sheet (AHRQ 01-M002); dial into AHRQ's Instant Fax at 301-594-2800 (see page 49 for instructions); contact the AHRQ Clearinghouse at 800-358-9295; or visit the AHRQ Web site at [www.ahrq.gov](http://www.ahrq.gov).

To receive an application kit, contact the AHRQ Clearinghouse at 800-358-9295.

Healthcare Research and Quality, April 2000, 6-panel brochure. Describes the agency's predoctoral and postdoctoral opportunities: Institutional Training Programs, Individual Postdoctoral Fellowships, Dissertation Research Grants, Mentored Clinical Scientist Development Awards, Independent Scientist Awards, Predoctoral Fellowship Awards for Minority Students, Kerr White Visiting Scholars Program, and Summer Intern Program. (AHRQ 00-0030)

**Research Funding Opportunities at the Agency for Health Care Policy and Research.** C. Jones, L. Tulman, C. Clancy, *Nursing Outlook*, 47(4):July/August 1999, 156-161. Highlights research funding opportunities available through the Agency, the application process, and the history of grant funding between fiscal years 1994 and 1997. Stresses that contributions from nurse researchers are critical to the future of health services research. (AHCPR 99-R080)

**Update From Funders: Center for Primary Care Research and Agency for Healthcare Research and Quality.** H. Burstin, D. Lanier, *Medical Care*, 39(4):2001, 309-311. Describes the establishment and reauthorization of the Agency and codification of the Center; the Center's core research interests; types of research funded (directed, investigator-initiated, intramural); Agency and Center priori-

ties; and the importance of primary care practice-based research networks. (AHRQ 01-R052)

## Health Care Cost and Utilization

**Adapting the HCUP QIs for Hospital Use: The Experience in New York State.** J. Jiang, K. Ciccone, C. Urlaub, et al., *The Joint Commission Journal on Quality Improvement*, 27(4):April 2001, 200-215. Recounts the experience of the Healthcare Association of New York State in adapting the Healthcare Cost and Utilization Project quality indicators to produce comparative reports for its more than 500 member hospitals, long-term care facilities, and home health care agencies. (AHRQ 01-R053)

**Are We Ready to Use Cost-Effectiveness Analysis in Health Care Decision-Making?** E. Power, J. Eisenberg, *Medical Care*, 36(5):1998, MS10-MS17. Outlines the issues involved in integrating cost-effectiveness analysis (CEA) in public, health system, and clinical policymaking; the timing of CEA; relating the CEA method to its purpose; and improving the CEA infrastructure. (AHCPR 98-R068)

**The Case of Disability in the Family: Impact on Health Care Utilization and Expenditures for Nondisabled Members.** B. Altman, P.

Cooper, P. Cunningham, *The Milbank Quarterly*, 77(1):1999, 39-75. Examines the impact of disabled members on the families' situation by describing their health care utilization and expenditure patterns, as well as the health care use and expenditures of families that do not have members with disabilities. Considers how the presence of a family member with a disability affects the health care use and expenditures of family members without disabilities. (AHCPR 99-R055)

**Clinical Classifications for Health Policy Research: Hospital Inpatient Statistics, 1995.** A. Elixhauser, C. Steiner, C. Whittington, et al. *HCUP-3 Research Note*, August 1998, 177 pp. Provides descriptive statistics for U.S. hospital inpatient stays in 1995 using the Healthcare Cost and Utilization Project Nationwide Inpatient Sample. Diagnoses and procedures are categorized using the Clinical Classifications for Health Policy Research (CCHPR) categorization scheme. (AHCPR 98-0049)

**Community Control and Pricing Patterns of Nonprofit Hospitals: An Antitrust Analysis.** G. Young, K. Desai, F. Hellinger, *Journal of Health Politics, Policy and Law*, 25(6):December 2000, 1051-1081. Reports study findings on the relationships between market concentration and pricing patterns on three types of hospitals—-independent hospital, member of a local hospital system, and member of a nonlocal hospital system. Shows that all types exercise market power in the form of higher prices and that hospitals that are members of nonlocal systems are the most aggressive in exercising market power. (AHRQ 01-R019)

**Compliance with Post-Hospitalization Follow-Up Visits: Rationing by Inconvenience.**

C. Kiefe, G. Heudebert, B. Box, et al., *Ethnicity and Disease*, 9:Autumn 1999, 388-395. Investigates how health care system and patient characteristics influence appointment-keeping after discharge from an acute care hospitalization. (AHRQ 00-R015)

**The Concentration of Health Care Expenditures, Revisited.**

M. Berk, A. Monheit, *Health Affairs*, 20(2): March/April 2001, 9-18. Describes the distribution of health care expenditures among the civilian, noninstitutionalized U.S. population in terms of the aggregate expenditures accounted for by the top spenders in the distribution. Findings reveal a stable and highly skewed distribution over time with 5 percent of the population accounting for the majority of health expenditures. (AHRQ 01-R049)

**Cost-Effectiveness Analysis of Colorectal Cancer Screening and Surveillance Guidelines.**

R. Khandker, J. Dulski, J. Kilpatrick, et al., *Final Report*, September 2000, 93 pp. Summarizes methods of screening and surveillance for colorectal cancer, reviews published guidelines, discusses cost-effectiveness analyses, presents screening and surveillance guidelines, illustrates a decision model for cost-effectiveness analyses, describes the data sources used to estimate cost parameters and costs, and presents findings from the cost-effectiveness model simulation. (AHRQ 00-R051)

**Databases and Related Resources From the Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and**



**HCUPnet.** This interactive online service from the Healthcare Cost and Utilization Project (HCUP) gives users easy access to national statistics as well as to selected State statistics about hospital stays. HCUPnet guides users step-by-step to obtain these statistics by using data from HCUP's Nationwide Inpatient Sample, Kids' Inpatient Database, and State Inpatient Databases for States that participate. Web-based

HCUPnet is a user-friendly source for information on various aspects of care in U.S. hospitals, such as: the "National Bill" for total hospital charges for the most expensive conditions; "Instant Tables" that give statistics on the most common conditions and procedures; and trends (beginning 1993) in length of hospital stays, in-hospital deaths, charges, and other outcomes for all conditions and procedures. HCUPnet is free and publicly available at: [www.ahrq.gov/data/hcup/hcupnet.htm](http://www.ahrq.gov/data/hcup/hcupnet.htm)

*Quality Fact Sheet*, August 2002, 6 pp. Briefly describes HCUP's databases (e.g., Nationwide Inpatient Sample, State Inpatient Databases, State Ambulatory Surgery Databases, Kids' Inpatient Databases) and software tools (e.g., AHRQ Quality Indicators, Clinical Classifications Software, Comorbidity Software); data availability and ordering information are included. Web-based HCUPnet and recently published research notes and journal articles are also summarized. (AHRQ 02-P030)

**Designing Employer Health Benefits for a Heterogeneous Workforce: Risk Adjustment and Its Alternatives.** W. Encinosa, T. Selden, *Inquiry*, 38:Fall 2001, 270-279. Examines a range of health benefit design options available to employers, focusing attention not only on risk adjustment but also on its alternatives. (AHRQ 02-R029)

**Determinants of Ambulatory Treatment Mode for Mental Illness.** M. Freiman, S. Zuvekas, *Health Economics*, 9:2000, 423-434. Explores the factors associated with the use

of different forms of ambulatory mental health treatment and the interpretation of coefficients of variables that are usually included in models of health care utilization. Focuses on the relationships between preferences; perceptions; biases; and personal characteristics such as race/ethnicity, sex, and age. (AHRQ 00-R048)

**Differences Across Payors in Charges for Agency-Based Home Health Services: Evidence from the National Home and Hospice Care Survey.** V. Freedman, J. Reschovsky, *HSR: Health Services Research*, 32(4): October 1997, 433-452. Investigates whether agencies charge payors different amounts for similar services, and if Medicare and privately insured patients are likely to pay more than others. (AHCPR 98-R021)

**Distribution of Health Care Expenses, 1996.** *MEPS Highlights*, 11:May 2000, 4 pp. Describes total spending for medical expenses in the United States during 1996, overall and by type of service. Presents data on the proportion of expenses paid by different sources, including out-of-



pocket, Medicare, Medicaid, and private insurance. (AHRQ 00-0024)

**Does Skepticism Towards Medical Care Predict Mortality?**

K. Fiscella, P. Franks, C. Clancy, et al., *Medical Care*, 37(4): 1999, 409-414. Examines whether skepticism toward medical care may be a risk factor for early death. Bases results on data from the 1987 National Medical Expenditure Survey. (AHCPR 99-R059)

**Drug Coverage Decisions: The Role of Dollars and Values.**

K. Titlow, L. Randel, C. Clancy, et al. *Health Affairs*, 19(2):March/April 2000, 240-247. Examines what coverage decisions insurers make and the information and processes used in making these decisions. Presents findings from 53 organizations that were asked about their policies for four controversial drugs: Viagra, Enbrel, Zyban, and Celebrex. (AHRQ 00-R022)

**Economic Analysis of Lung Volume Reduction Surgery as Part of the National Emphysema Treatment Trial.**

S. Ramsey, S. Sullivan, R. Kaplan, et al., *Annals of Thoracic Surgery*, 71:2001, 995-1002. Summarizes the approach for performing a cost-effectiveness analysis of a new medical technology, describes how it will be applied to the alternative treatments being studied in the National Emphysema Treatment Trial, and describes how the findings should be interpreted in the context of other economic analyses of medical interventions. (AHRQ 01-R073)

**Health Care Expenses in the Community Population, 1996.**

S. Machlin, J. Cohen, S. Zuvekas, et al., *MEPS Chart-*

*book No. 5*, April 2001, 39 pp. Presents estimates from the Medical Expenditure Panel Survey (MEPS) of spending for medical services and supplies in 1996. Charts show overall expenses, per capita expenses, expenses by type of service, and out-of-pocket expenses. (AHRQ 01-0027)

**Health Care Expenses in the United States, 1996.**

J. Cohen, S. Machlin, S. Zuvekas, et al., *MEPS Research Findings No. 12*, December 2000, 47 pp. Presents descriptive data on health care spending in the United States, including total health care expenses combined and hospital inpatient services, ambulatory services, prescription medicines, dental services, home health services, and other medical equipment supplies. (AHRQ 01-0009)

**Health Care Expenses in the U.S. Civilian Noninstitutionalized Population, 1997.**

Agency for Healthcare Research and Quality, July 2001, 17 pp. Presents 16 tables reflecting descriptive data from the Medical Expenditure Panel Survey on spending in 1997 for hospital, office-based, home health, and other types of care. Categorizes data by source of payment and characteristics of users. (AHRQ 01-R086)

**Health Care Use in**

**America—1996.** *MEPS Highlights*, 9:May 1999, 4 pp.

Examines variations in the use of health care services among selected subgroups of the 1996 U.S. civilian noninstitutionalized population. Illustrates the proportion of people receiving ambulatory medical care, dental care, inpatient hospital care, home health services, and prescription medicines. (AHCPR 99-0029)

**Healthcare Expenditures for Sinusitis in 1996: Contributions of Asthma, Rhinitis, and Other Airway Disorders.**

N. Ray, J. Baraniuk, M. Thamer, et al., *Journal of Allergy and Clinical Immunology*, 103(3):March 1999, 408-414. Documents the direct expenditures of medical and surgical encounters when sinusitis is the primary diagnosis or a comorbid disorder along with related airway disorders. Demonstrates the substantial economic impact of sinusitis and other diseases leading to or resulting from acute and chronic sinusitis. (AHCPR 99-R068)

**Hospital Discharge Rates for Nontraumatic Lower Extremity Amputation by Diabetes Status—United States, 1997.**

Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, *MMWR*, 50(43):November 2, 2001, 955-958. Summarizes findings of an analysis using data from the 1997 Nationwide Inpatient Sample and the 1997 National Health Interview Survey to estimate the national rates of hospital discharges for lower extremity amputation (LEA) among persons with and without diabetes and to assess the excess risk for LEA among persons with diabetes. (AHRQ 02-R024)

**Hospital Inpatient Statistics, 1996.**

A. Elixhauser, C. Steiner, *HCUP Research Note*, July 1999, 69 pp. Provides descriptive statistics for U.S. hospital inpatient stays in 1996 using the Healthcare Cost and Utilization Project Nationwide Inpatient Sample. Diagnoses and procedures are categorized using the Clinical Classifications Software (CCS). (AHCPR 99-0034)



**Hospitalization in the United States, 1997.** A. Elixhauser, K. Yu, C. Steiner, et al. *HCUP Fact Book No. 1*, May 2000, 40 pp. Provides information on various aspects of hospital care—diagnoses, charges, length of stay, insurance coverage, discharge status, and inpatient mortality. Data are from the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample, which approximates a 20-percent sample of U.S. community hospitals for 1997. (AHRQ 00-0031)

**How Would Mental Health Parity Affect the Marginal Price of Care?** S. Zuvekas, J. Banthin, T. Selden, *Health Services Research* 36(6): February 2001, 1207-1227. Examines the implication of mental health parity on out-of-pocket costs. Finds that parity coverage for mental health as of 1995 would substantially reduce the share of mental health expenditures that consumers would pay at the margin under their existing plan's cost sharing provisions. (AHRQ 01-R042)

**Income and Employment Among Homeless People: The Role of Mental Health, Health and Substance Abuse.** S. Zuvekas, S. Hill, *The Journal of Mental Health Policy Economics*, 3:2000, 153-163. Describes the prevalence of health, mental health, and alcohol and drug problems among the homeless; describes their sources of income; presents estimates of employment and public program participation; and discusses the implications of changes in the Federal disability programs, and cutbacks in State and local General Assistance programs. (AHRQ 01-R069)

**Leveling the Playing Field: Managed Care Enrollment and Hospital Use, 1987-1996.** R. Weinick, J. Cohen. *Health Affairs*, 19(3):May/June 2000, 178-184. Uses data from two nationally representative surveys to examine trends between 1987 and 1996 in managed care enrollment and inpatient hospital use. Describes how the characteristics of managed care enrollees have changed and how the use of inpatient hospital services has shifted. (AHRQ 00-R029)

**Major Cardiovascular Disease (CVD) During 1997-1999 and Major CVD Hospital Discharge Rates in 1997 Among Women with Diabetes—United States.** Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, *MMWR*, 50(43): November 2, 2001, 943-954. Summarizes findings of an analysis using data from the 1997-1999 National Health Interview Survey and the 1997 Nationwide Inpatient Sample to estimate national cardiovascular disease (CVD) and CVD hospital use among women with diabetes. (AHRQ 02-R025)

**Medical Savings Accounts: Microsimulation Results from a Model with Adverse Selection.** D. Zabiniski, T. Selden, J. Moeller, et al., *Journal of Health Economics*, 18:1999, 195-218. Examines medical savings accounts (MSAs) combined with high-deductible catastrophic health plans (CHPs). Explores the possible consequences of making tax preferred MSAs/CHPs available in the employment-related health insurance market. (AHCPR 99-R047)

**Most Common Diagnoses and Procedures in U.S. Community Hospitals, 1996.** A. Elixhauser, C. Steiner, *HCUP Research Note*, September 1999, 106 pp. Lists the five principal diagnoses most commonly recorded on the hospital discharge abstract for each of the 100 most frequently performed principal procedures. Also lists the five principal procedures most commonly performed for each of the 100 most frequent principal diagnoses treated in hospitals. (AHCPR 99-0046)

**Out-of-Area Travel From Rural and Urban Counties: A Study of Ambulatory Care Sensitive Hospitalizations for New York State Residents.** J. Basu, J. Cooper, *The Journal of Rural Health*, 16(2):Spring 2000, 129-138. Examines the characteristics of individuals admitted outside of their county of residence for ambulatory care sensitive conditions and how distance affects hospital selection for these conditions. Finds that outside admissions are associated with younger age, higher illness severity, and fewer county hospital resources; whereas some county admissions are associated with nonwhite race and lack of insurance. (AHRQ 00-R056)

**Outcome, Utilization, and Access Measures for Quality Improvement. HCUP Quality Indicators, Version 1.1.** Agency for Health Care Policy and Research, July 1998. Comprehensive kit contains a methods manual, software user's guide, fact sheet, and journal article on this tool for decisionmaking and research that can be used to inform hospitals' self-assessments of inpatient quality of care and

State and community assessments of access to primary care. (AHCPR 98-0048)

**Patterns and Costs for Hypertension Treatment in the United States.** C. Huttin, J. Moeller, R. Stafford, *Clinical Drug Investigation*, 20(3):September 2000, 181-195. Estimates the impact of clinical and nonclinical factors on the use and costs of hypertension treatment in the United States using the National Medical Expenditure Survey. Evaluates lifestyle characteristics of patients, insurance status influences, socioeconomic and demographic factors, the number and cost of prescribed medications, and comorbidities. (AHRQ 01-R003)

**Patterns of Ambulatory Care Use: Changes From 1987 to 1996.** J. Kirby, S. Machlin, J. Thorpe, *MEPS Research Findings No. 16*, July 2001, 13 pp. Uses data from AHRQ's 1987 National Medical Expenditure Survey and 1996 Medical Expenditure Panel Survey to present trends in the use of ambulatory care services by the U.S. population from 1987 to 1996. Examines how often people visit health care providers and shifts over the 9-year period in the setting of care (office, hospital outpatient, or emergency room) and the reasons for visits (prevention, diagnosis or treatment, or emergency). Also examines variation in trends across several variables, including age, race, sex, urban versus rural residence, region, income, insurance status, and health status. (AHRQ 01-0026)

**Per Capita Health Care Expenses, 1996.** *MEPS Highlights*, 12:May 2000, 4 pp. Presents estimates from the Medical Expenditure Panel Survey of the proportion of

people with medical expenses in the United States in 1996. Shows data on the average and median expenses per person by type of service. (AHRQ 00-0026)

**Personal Characteristics and Contextual Factors Associated With Residential Expenditures for Individuals With Mental Retardation.** J. Rhoades, B. Altman, *Mental Retardation*, 39(2):April 2001, 114-129. Provides nationally representative data about persons with mental retardation living in a variety of residential settings; and pinpoints which characteristics of the individual, the facility context, as well as the local economic situation contribute the most to expenditures. (AHRQ 01-R070)

**Procedures in U.S. Hospitals, 1997.** A. Elixhauser, K. Klemstine, C. Steiner, et al., *HCUP Fact Book No. 2*, February 2001, 36 pp. Provides information on diagnostic and therapeutic procedures performed during a patient's hospital stay—which procedures are most common, who receives them, who is billed for them, and which are performed in “high-volume” hospitals. (AHRQ 01-0016)

**Quality Indicators Using Hospital Discharge Data: State and National Applications.** M. Johantgen, A. Elixhauser, J. Ball, et al., *Journal on Quality Improvement*, 24(2):February 1998, 88-105. Describes the development of the Healthcare Cost and Utilization Project's Quality Indicators (QI), their adoption by various users, refinements to the QI methods, and lessons of the project. (AHCPR 98-R041)

**Specialty of Principal Care Physician and Medicare Expenditures in Patients With Coronary Artery Disease: Impact of Comorbidity and Severity.** R. McNamara, N. Powe, D. Thiemann, et al., *The American Journal of Managed Care*, 7(3):March 2001, 261-266. Determines whether specialty care for elderly patients with coronary artery disease (CAD) is more resource intensive for the fee-for-service patients in a cardiologist group or those in a generalist group, and evaluates expenditures that are stratified by comorbidity from illness other than CAD and by severity of CAD. (AHRQ 01-R058)

**Trends in Mental Health Services Use and Spending, 1987-1996.** S. Zuvekas, *Health Affairs*, 20(2): March/April 2001, 215-223. Finds that the population's access to ambulatory mental health and substance abuse services and psychotropic medications greatly increased between 1987 and 1996. However, despite these apparent gains, there is still much unmet need and wide variations exist among population subgroups. (AHRQ 01-R048)

**Understanding the Economic Burden of Asthma.** P. Gergen, *Journal of Allergy and Clinical Immunology*, 107(5):May 2001, S445-448. Presents the basic components of a cost-of-illness study, the influences that have an impact on these components, the relation of economic indicators to clinical outcomes, and the relative importance of the economic factors for differing groups in society. (AHRQ 01-R076)

**Use of Health Care Services, 1996.** N. Krauss, S. Machlin, B. Kass. *Research Findings No. 7*, March 1999, 31 pp. Presents

estimates of health care use for the civilian noninstitutionalized population of the United States during 1996. Describes the proportion of people receiving ambulatory medical care in office-based and hospital-based settings, dental care, inpatient hospital care, home health services, and prescription medicines. (AHCPR 99-0018)

## Health Care Markets/Managed Care

**AHRQ Update: Putting Practice into Research.** I. Fraser, D. Lanier, F. Hellinger, et al., *HSR: Health Services Research*, 37: February 2002, xiii-xxvi. Discusses the impetus for, rationale for, and implications of the Integrated Delivery System Research Network, as well as the planning and infrastructure grants for primary care practice-based research networks. Identifies principles for making research more timely and useful to health care decisionmakers. (AHRQ 02-R055)

**An Analysis of Physician Antitrust Exemption Legislation: Adjusting the Balance of Power.** F. Hellinger, G. Young, *JAMA*, 286(1):July 4, 2001, 83-88. Examines the potential impact of physician antitrust exemption legislation on the balance of power between physicians and managed care plans, assesses Federal and State initiatives in this area, and concludes that only Federal physician antitrust exemption legislation is likely to increase the power of physicians to negotiate with managed care plans. (AHRQ 01-R085)

**Antitrust Enforcement in the Healthcare Industry: The Expanding Scope of State**

**Activity.** F. Hellinger, *HSR: Health Services Research*, 33(5):December 1998, 1477-1494. Describes the evolution of State antitrust activities and explores salient research and policy questions. Examines State laws on mergers among health care providers, as well as consent decrees issued by State attorneys general permitting health care providers to merge. (AHCPR 99-R030)

**Are Managed Care Plans Organizing for Quality?** D. Scanlon, E. Rolph, C. Darby, et al., *Medical Care Research and Review*, Supplement 2, 57:2000, 9-32. Examines the degree to which managed care organizations are reorganizing management structures to take responsibility for the quality of care and service they provide. Bases findings on interviews with executives of 24 health plans. (AHRQ 01-R013)

**Building Bridges IV: Managed Care Research Comes of Age.** I. Fraser, H. Wong, J. Arent, et al., *Medical Care Research and Review*, Supplement 2, 56:1999, 5-12. Highlights changes within managed care research and the operation of managed care organizations. Addresses the diversity within managed care, increased interest in building bridges, shift in research focus, role of consumers and purchasers in improving quality, and future needs between managed care and researchers. (AHCPR 99-R063)

**A Case Study of Point-of-Service Medical Use in a Managed Care Plan.** H. Wong, L. Smithen, *Medical Care Research and Review*, 56 Supplement 2:1998, 85-110. Examines the extent of point-of-service use in a managed care plan using 1990 and 1991 proprietary claims data from a

large, well-established individual practice association with a point-of-service option. Finds that approximately 12 percent of all claims are made by out-of-network providers, and that there is little difference between point-of-service use by men and women. (AHCPR 99-R061)

### Conducting Research on the Medicare Market: The Need for Better Data and Methods.

H. Wong, F. Hellinger, *HSR: Health Services Research*, Part II, 36(1):April 2001, 291-308. Highlights the difficulties researchers face when evaluating Medicare policy; examines their data limitations; discusses what data would be more valuable for these studies; and illustrates an approach to assess competition, risk selection, and costs in Medicare health maintenance organizations. (AHRQ 01-R060)

**Does Managed Care Affect the Supply and Use of ICU Services?** B. Friedman, C. Steiner, *Inquiry*, 36:Spring 1999, 68-77. Analyzes the use of hospital intensive care units (ICUs). Discusses the behavior of physicians in allocating ICU care; the hospitals' decisions in supplying a fixed capacity for ICU care; and the allocation of ICU care to patients who are under age 65 and are not covered by Medicaid. (AHCPR 99-R071)

**Dynamics of Change in Local Physician Supply: An Ecological Perspective.** H. Jiang, J. Begun, *Social Science & Medicine*, 54:2002, 1525-1541. Employs an ecological framework to identify factors that have an impact on changes in the local physician supply within the United States. Describes four physician populations and explains the growth of a particular physician popu-



lation by the following mechanisms: the intrinsic properties of the population, the local market's carrying capacity, competition within the same physician population, and interdependence between different physician populations. (AHRQ 02-R063)

**The Economics of Regulatory Mandates on the HMO**

**Market.** W. Encinosa, *Journal of Health Economics*, 20:2001, 85-107. Focuses on the two main forms of health maintenance organization regulations (mandated minimum quality standards and mandated increases in access to specialty care). Answers the following questions: (1) Will these regulations really increase welfare? (2) Will these regulations increase costs? (AHRQ 01-R028)

**Evaluating the Impact of Value-Based Purchasing Initiatives: A Guide for Purchasers.**

D. Scanlon, M. Chernew, H. Doty, May 2002, 66 pp. Encourages purchasers to conduct formal evaluations of their value-based purchasing activities, presents a five-step evaluation process that purchasers can adopt or adapt to their projects, and outlines the kinds of activities associated with value-based purchasing. (AHRQ 02-0029)

**Excess Capacity, a Commentary on Markets, Regulation, and Values.**

B. Friedman, *HSR: Health Services Research*, 33(6):February 1999, 1669-1682. Assesses views on the issues of excess bed capacity and costs in hospitals. Reviews the progress of research on issues such as hospital costs, capacity efficiency, and the political economy of regulation. (AHCPR 99-R046)

**Gender and Patient Satisfaction in Managed Care Plans: Analysis of the 1999**

**HEDIS/CAHPS 2.0H Adult Survey.** C. Weisman, J. Henderson, E. Schiffrin, et al., *Women's Health Issues*, 11(5):October 2001, 401-415. Reports results of the first analysis of gender differences in the Health Plan Employer Data and Information Set/Consumer Assessment of Health Plans Study for adult enrollees of commercially managed care plans. Determines whether there are differences between women and men in satisfaction with their health plans or in the variables associated with satisfaction levels. (AHRQ 02-R007)

**Health Services Research in a Market-Oriented Health Care System.**

J. Eisenberg, *Health Affairs*, 17(1): January/February 1998, 98-108. Outlines the contributions of health services research to health care, and addresses the relationships of research to public, health care system, and clinical policies. (AHCPR 98-R014)

**How Well Does a Single Question about Health Predict the Financial Health of Medicare Managed Care Plans?**

A. Bierman, T. Buboltz, E. Fisher, et al., *Effective Clinical Practice*, 2(2):March/April 1999, 56-62. Uses a nationally representative sample of 8,775 Medicare beneficiaries to demonstrate that responses to a single question about general health status predict subsequent health care utilization and expenditures. (AHCPR 99-R060)

**Selection Bias in HMOs: A Review of the Evidence.**

F. Hellinger, H. Wong, *Medical Care Research and Review*, 57(4):December 2000, 405-

439. Extends the findings of previous review articles on characteristics of persons who join health maintenance organizations (HMOs) and evidence of selection bias in HMOs. Examines changes in HMO payment methodologies that may reduce or eliminate overpayment to HMOs resulting from selection bias. (AHRQ 01-R026)

**Setting Priorities: 'American Style.'**

C. Clancy, M. Danis, *Global Challenge of Health Care Rationing*, A. Coulter, C. Ham, eds., Open University Press, February 2000, 52-59. Describes the impact of historical influences and recent developments on the current character of priority setting in U.S. health care. Identifies challenges and future directions in addressing the urgent question confronting all nations: Who gets what services, and who decides? (AHRQ 00-R020)

**Theory and Reality of Value-Based Purchasing: Lessons From the Pioneers.**

J. Meyer, L. Rybowski, R. Eichler, *AHCPR Research Report*, November 1997, 55 pp. Describes some of the most promising examples of private business initiatives that build quality considerations into health care purchasing decisions. Profiles nine companies and coalitions, and summarizes their activities. (AHCPR 98-0004)

**Wrestling with Typology: Penetrating the "Black Box" of Managed Care by Focusing on Health Care System Characteristics.**

C. Brach, L. Sanches, D. Young, et al., *Medical Care Research and Review*, Supplement 2, 57:2000, 93-115. Presents a new approach to studying the health care system—a matrix

that identifies a set of organizational and delivery characteristics with the potential to influence outcomes such as access to services, quality, health status and functioning, and cost. Suggests a new set of players to be studied, emphasizes the relationships among the players, and provides a checklist of variables. (AHRQ 01-R014)

## Health Insurance/ Access to Care

### **Access to Health Care—Sources and Barriers, 1996.**

R. Weinick, S. Zuvekas, S. Drilea, *MEPS Research Findings No. 3*, October 1997, 18 pp. Presents estimates of access to health care by the civilian noninstitutionalized population of the United States during 1996, as derived from 1996 MEPS Household Component data. Addresses two major topics—usual sources of health care and barriers to receiving needed care. (AHCPR 98-0001)

### **Assessing the Impact of Health Plan Choice.**

B. Schone, P. Cooper, *Health Affairs* 20(1): January/February 2001, 267-275. Examines the extent of health plan choice available to workers and finds that plan choice is associated with higher levels of employment-based insurance coverage and a greater likelihood that workers are satisfied that their families' health care needs are being met. (AHRQ 01-R040)

### **Being Uninsured in 1996 Compared to 1987: How Has the Experience of the Uninsured Changed Over Time?**

A. Taylor, J. Cohen, S. Machlin, *HSR: Health Services Research* Part II, 36(6):

December 2001, 16-31.

Explores trends in the nonelderly uninsured population between 1987 and 1996 and examines whether the broad disparities in medical care utilization and out-of-pocket spending between the privately insured and uninsured populations that existed in 1987 continued over the following decade. (AHRQ 02-R038)

**Changes in Access to Care, 1977-1996: The Role of Health Insurance.** S. Zuvekas, R. Weinick, *HSR: Health Services Research*, 34(1):April 1999, 271-279. Describes changes in Americans' access to care over the last 20 years; focuses on the uninsured, Hispanic American, and young adult populations; and analyzes the factors underlying the changes with a particular focus on the role of health insurance. (AHCPR 99-R054)

**Changes in Job-Related Health Insurance, 1996-99.** J. Branscome, B. Crimmel, *MEPS Chartbook No. 10*, July 2002, 30 pp. Shows changes in job-related health insurance coverage in the private sector over the period 1996-99. Charts and discussion show the extent to which employers offered coverage, enrollment rates of workers, types of plans offered, extent to which coverage was available without the employee having to contribute to the premium cost, and the cost of coverage—both overall and any employee share. (AHRQ 02-0030)

**Changes in the Medicaid Community Population: 1987-96.** J. Banthin, J. Cohen, *MEPS Research Findings No. 9*, August 1999, 26 pp. Uses data from the Medical Expenditure Panel Survey and the National Medical Expenditure

Survey to compare the composition of the noninstitutionalized Medicaid population in 1996 and 1987. (AHCPR 99-0042)

**Cross-Subsidization in the Market for Employment-Related Health Insurance.** A. Monheit, T. Selden, *Health Economics*, 9:December 2000, 699-714. Considers the nature of equilibrium in the market for employment-related health insurance by examining coverage generosity, premiums, and insurance benefits net of expenditures on premiums. Finds that despite a degree of market segmentation, there was a substantial amount of pooling of heterogeneous risks in 1998 among households with employment-based coverage. (AHRQ 01-R034)

**Employer Contribution Methods and Health Insurance Premiums: Does Managed Competition Work?** J. Vistnes, P. Cooper, G. Vistnes, *International Journal of Health Care Finance and Economics*, 1:2001, 159-187. Examines the determinants of competition among health plans using a two-stage model of health plan competition and then examining the model's predictions using data from the 1996 Medical Expenditure Panel Survey-Insurance Component. (AHRQ 02-R035)

**Estimates of the Tax Subsidy for Employment-Related Health Insurance.** T. Selden, J. Moeller, *National Tax Journal*, Part 1, 53(4): December 2000, 877-887. Uses the MEDSIM health care microsimulation model to compute the magnitude and distribution of the tax subsidy for employment-related health insurance premiums. Presents estimates of the revenue gain that would be associated with a variety of

caps on the amount of contributions that can be excluded from the tax base. (AHRQ 01-R030)

**Health Insurance and Family Structure: The Case of Adolescents in Skipped-Generation Families.**

J. Kirby, T. Kaneda, *Medical Care Research and Review*, 59(2):June 2002, 146-165. Investigates the extent to which grandparents raising their grandchildren are able to secure public and private health insurance for their dependent grandchildren. Uses a large, nationally representative data set of middle and high school students, and compares adolescents in skipped-generation families with adolescents in two-parent families, single-mother families, and step families. (AHRQ 02-R073)

**Health Insurance Availability at the Workplace—How Important are Worker Preferences?**

A. Monheit, J. Vistnes, *The Journal of Human Resources*, 34(4):1999, 770-785. Considers the relationship between employee preferences for health insurance and its availability at the workplace. Uses application of a simple model of job choice to data from the 1987 NMES to examine whether workers with weak preferences for health insurance sort themselves into jobs without coverage. (AHRQ 00-R013)

**Health Insurance Choices in Two-Worker Households: Determinants of Double Coverage.**

A. Monheit, B. Schone, A. Taylor, *Inquiry*, 36:Spring 1999, 12-29. Uses data from the 1987 National Medical Expenditure survey to show how a household's out-of-pocket premium costs for employment-related coverage, economic constraints, and health status are associated

with household health insurance decisions. Characterizes the insurance of households with double coverage as "more generous" with higher coverage rates for specific types of benefits. (AHCPR 99-R072)

**Health Insurance, Health Reform, and Outpatient Mental Health Treatment: Who Benefits?**

S. Zuvekas, *Inquiry*, 36:Summer 1999, 127-146. Uses simulations that quantify changes in the use of outpatient mental health treatment (among adults aged 18 to 64) and then evaluates the impact of expanding health insurance coverage to the previously uninsured. (AHCPR 99-R078)

**Health Insurance Status of the Civilian Noninstitutionalized Population: 1998.**

J. Rhoades, E. Brown, J. Vistnes, *MEPS Research Findings No. 11*, April 2000, 25 pp. Constitutes the third in a series of yearly reports on the health insurance status of the U.S. population. Presents estimates from the Medical Expenditure Panel Survey of total spending for medical expenses in the United States in 1996, overall and by type of service. Shows data on the proportion of expenses paid by different sources, including out-of-pocket, Medicare, Medicaid, and private insurance. (AHRQ 00-0023)

**Health Insurance Status of the Civilian Noninstitutionalized Population: 1999.**

J. Rhoades, M. Chu, *MEPS Research Findings No. 14*, December 2000, 24 pp. Provides preliminary estimates of the health insurance status of the civilian noninstitutionalized U.S. population during the first half of 1999, including the size and characteristics of the population with private health insurance, with public insur-

ance only, and without any health care coverage. (AHRQ 01-0011)

**Health Insurance Status of the Civilian Noninstitutionalized Population: 1997.**

J. Vistnes, S. Zuvekas, *MEPS Research Findings No. 8*, July 1999, 25 pp. Provides estimates of the health insurance status of the civilian noninstitutionalized U.S. population during the first half of 1997, including the size and characteristics of the population with private health insurance, with public insurance, and without any health care coverage. (AHCPR 99-0030)

**The Marginal Benefits of Invasive Treatments for Acute Myocardial Infarction: Does Insurance Coverage Matter?**

J. Brooks, M. McClellan, H. Wong, *Inquiry*, 37:Spring 2000, 75-90. Uses data from the Healthcare Cost and Utilization Project and State Inpatient Databases for the State of Washington for 1988-1993 to apply instrumental variable techniques and estimate the average benefits of invasive surgical treatments for marginal acute myocardial infarction patients by insurance coverage. (AHRQ 00-R039)

**Moving to Medicare: Trends in the Health Insurance Status of Near-Elderly Workers, 1987-1996.**

A. Monheit, J. Vistnes, J. Eisenberg, *Health Affairs*, 20(2): March/April 2001, 204-224. Examines changes in the health insurance status on near-elderly persons ages 55 to 64 over this period. Findings reveal that coverage purchased outside the workplace has declined as a source of insurance for the near elderly and that near-elderly women with health problems are especially at risk of being uninsured. (AHRQ 01-R047)



**Optimal Health Insurance: The Case of Observable, Severe Illness.** M. Chernew, W. Encinosa, R. Hirth, *Journal of Health Economics*, 19:2000, 585-609. Explores optimal cost-sharing provisions for insurance contracts when individuals have observable, severe diseases with a discrete number of medically appropriate treatment options. Demonstrates that optimal insurance charges a copayment to patients choosing the high-cost treatment and provides consumers of the low-cost treatment a cash payment. (AHRQ 00-R055)

**Outpatient Prescription Drug Prices and Insurance Coverage: An Analysis by Therapeutic Drug Class and User Characteristics From the 1996 Medical Expenditure Panel Survey.** E. Miller, J. Moeller, *Investing in Health: The Social and Economic Benefits of Health Care Innovation*, 14:2001, 23-57. Uses a nationally representative sample of drug purchases to investigate the relationship between the type of insurance individuals have for prescription drugs (private insurance, Medicaid, or no insurance) and both the type of drugs they purchase and the prices they pay for drugs. (AHRQ 02-R021)

**Premium Subsidies for Health Insurance: Excessive Coverage vs. Adverse Selection.** T. Selden, *Journal of Health Economics*, 18:1999, 709-725. Uses the model of Rothschild and Stiglitz (R-S) to show that a simple linear premium subsidy can correct market failure due to adverse selection. (AHRQ 00-R012)

**Private Employer-Sponsored Health Insurance: New Estimates By State.** J. Branscome,

P. Cooper, J. Sommers, et al., *Health Affairs*, 19(1):January/February 2000, 139-147. Uses the Medical Expenditure Panel Survey Insurance Component to examine State variations in health insurance offer rates, the availability of plan choices at the workplace, and the types of plans offered by private employers. Presents estimates of total premiums and employee contributions for single and family coverage. (AHRQ 00-R016)

**Stability and Change in Health Insurance: New Estimates From the 1996 MEPS.** A. Monheit, J. Vistnes, S. Zuvekas, *MEPS Research Findings No. 18*, December 2001, 21 pp. Describes the health insurance experience of the U.S. population during 1996, using data from the 1996 Medical Expenditure Panel Survey. Provides alternative estimates of the uninsured population and the prevalence of full-year and part-year coverage. Also examines the extent to which people insured at the beginning of a calendar year become uninsured and the likelihood that those uninsured at the beginning of the year will acquire coverage. (AHRQ 02-0006)

**State Differences in Job-Related Health Insurance, 1998.** J. Branscome, E. Brown, *MEPS Chartbook No. 7*, September 2001, 29 pp. Illustrates data from the Medical Expenditure Panel Survey Insurance Component. Presents estimates of workers' access to job-related health insurance, the cost of that insurance, and the choice of plans available to workers in 1998. (AHRQ 01-0036)

**State Differences in Job-Related Health Insurance, 1996.** C. Peterson, J. Vistnes,

*MEPS Chartbook No. 4*, March 2000, 35 pp. Presents estimates of workers' access to job-related health insurance, the cost of that insurance, and the choice of plans available to workers in 1996. Maps of the United States show the national average and how 40 of the States compare to the national average. (AHRQ 00-0017)

**Transforming Insurance Coverage Into Quality Health Care.** J. Eisenberg, E. Power, *JAMA*, 284(16):October 25, 2000, 2100-2107. Explores seven points of vulnerability in the U.S. health care system where the potential to achieve high quality can be lost: access to insurance coverage; enrollment in insurance plans; access to covered services, clinicians, and health care institutions; choice of plans, clinicians, and health care institutions; access to a consistent source of primary care; access to referral services; and delivery of high-quality health care services. (AHRQ 01-R005)

**The Uninsured in America—1999.** *MEPS Highlights*, 13:March 2001, 4 pp. Shows the size of the civilian noninstitutionalized population under 65 that was uninsured throughout the first half of 1999 and identifies groups especially at risk of lacking health insurance. Illustrates data according to age, race/ethnicity, gender, and marital status. (AHRQ 01-0023)

**The Uninsured in America—1997.** *MEPS Highlights*, 10:August 1999, 4 pp. Profiles the uninsured population under 65 years of age in terms of age, race/ethnicity, sex, and marital status. (AHCPR 99-0031)

**The Uninsured in America: 1996-2000.** J. Rhoades, J. Vistnes, J. Cohen, *MEPS*



*Chartbook No. 9*, May 2002, 35 pp. Describes the changes in the nonelderly population's risk of being uninsured during a 5-year period. Illustrates the data according to age, racial/ethnic groups, and employment. (AHRQ 02-0027)

**Uninsured Workers—Demographic Characteristics, 1996.** *MEPS Highlights*, 7:December 1998, 4 pp. Summarizes data concerning the demographic characteristics of the working uninsured population in the United States during the first half of 1996, as derived from the MEPS Household Component, Round 1. (AHCPR 99-0007)

**Uninsured Workers—Job Characteristics, 1996.** *MEPS Highlights*, 8:December 1998, 4 pp. Summarizes data concerning job characteristics of the working uninsured population in the United States during the first half of 1996, as derived from the MEPS Household Component, Round 1. (AHCPR 99-0008)

**Worker Decisions to Purchase Health Insurance.** L. Blumberg, L. Nichols, J. Banthin, *International Journal of Health Care Finance and Economics*, 1:2001, 305-325. Measures the responsiveness of workers to insurance premiums, specifically by using a Medical Expenditure Panel Survey file to test whether out-of-pocket or total premium better explains worker behavior, to estimate price elasticities with observed prices and with imputed prices, and to test for worker sorting among jobs with and without health insurance. (AHRQ 02-R051)

## Health Services Research

**Building a Community of Health Services Research Training.** F. Chelsey, K. Rudzinski, J. Eisenberg, *HSR: Health Services Research*, Part 1, 35(5):December 2000, xi-xvii. Focuses on one element of AHRQ's initiative on Building a Research Community—developing the tools and talent for using the findings of health care research. Outlines the three phases of the Agency's training and career development programs. (AHRQ 01-R031)

**Changing Physician Behavior.** H. Bauchner, L. Simpson, J. Chessare, *Archives of Disease in Childhood*, 84:2001, 459-462. Focuses on ambulatory care to set the context for the need to change physician decisionmaking as a key step for improving the quality of care, presents a contemporary view of how physicians make decisions, and summarizes the literature on changing physician behavior. (AHRQ 01-R067)

**The Ecology of Medical Care Revisited.** L. Green, B. Yawn, D. Lanier, et al., *New England Journal of Medicine*, 344(26): June 28, 2001, 2021-2025. Updates a 1961 report entitled "The Ecology of Medical Care," by K. White et al., which provides a framework for thinking about the organization of health care, medical education, and research; incorporates data on children, additional sites, and types of health care services; and finds overall stability exists in the organization and financing of health care. (AHRQ 01-R079)

**The Impacts of Mental Health Parity and Managed Care in One Large Employer**

**Group.** S. Zuvekas, D. Regier, D. Rae, et al., *Health Affairs*, 21(3):148-159. Examines the impact of a State mental health parity mandate on a large employer group to determine if parity makes a difference for those with mental health/substance abuse (MH/SA) needs. Focuses on the impact on access to MH/SA treatment and on children and adolescents. (AHRQ 02-R067)

**Needs and Challenges for Health Services Research at Academic Health Centers.** D. Kindig, N. Dunham, J. Eisenberg, *Academic Medicine*, 74(11):November 1999, 1193-1201. Uncovers strategies used by academic institutions to maintain an infrastructure that promotes health services research. Examines four needs and challenges: organizing core institutional resources, supporting career development of researchers, supporting and enhancing training in health services research, and establishing and supporting research partnerships. (AHCPR 00-R007)

**Overview to the Issue.** J. Eisenberg, *HSR: Health Services Research*, 26(3):July 2001, 443-446. Introduces studies presented at a conference, which were based on data generated by the Consumer Assessment of Health Plans Study (CAHPS) survey. Describes the Agency's "Pipeline of Investment" strategy for yielding improved health outcomes, better quality of care, greater access to care, and appropriate cost and use of health services. (AHRQ 01-R024)

**Putting Research to Work: Reporting and Enhancing the Impact of Health Services Research.** J. Eisenberg, *HSR:*

*Health Services Research*, 36(2):June 2001, x-xvii. Discusses how research funded by the Agency affects patient outcomes or influences clinical practice. Addresses the difficulty of tracking impact, a way to show impact, an example of levels of impact, and evidence of impact. (AHRQ 01-R077)

**Qualitative Methods in Health Services Research.** K. Devers, S. Sofaer, T. Rundall, *HSR: Health Services Research* Part II, 34(5):December 1999, 1083-1263. Includes an editorial, introduction, and eight articles that draw attention to the growing role played by qualitative methods in health services research. Is designed for health services researchers, policymakers, and users; discusses impediments to greater use of qualitative methods; and explores qualitative methods as an important and powerful set of strategies that research funding agencies and researchers can use. (AHRQ OM99-0019)

**Relation Between Prepublication Release of Clinical Trial Results and the Practice of Carotid Endarterectomy.** C. Gross, C. Steiner, E. Bass, et al., *JAMA*, 284(22):December 13, 2000, 2886-2893. Determines whether prepublication release of carotid endarterectomy trial results via the National Institutes of Health's Clinical Alerts was associated with prompt and substantial changes in patient care that were consistent with the new medical evidence. (AHRQ 01-R017)

**Using Participant Information to Develop a Tool for the Evaluation of Community Health Worker Outreach Services.** K. Felix-Aaron, L. Bone, D. Levine, et al., *Ethnicity & Disease*, 12:Winter

2002, 87-96. Documents how client information was used to do the following: generate a taxonomy of community health worker (CHW) services; identify the aspects of those services judged most important to the clients; and construct a brief questionnaire for evaluating CHW services and measuring client satisfaction. (AHRQ 02-R057)

**Utility of Current Risk Stratification Tests for Predicting Major Arrhythmic Events After Myocardial Infarction.** J. Bailey, A. Berson, H. Handelsman, et al., *Journal of the American College of Cardiology*, 38(7):August 2001, 1902-1911. Reports on a literature survey to estimate prediction values for five common tests used to determine the risk of major arrhythmic events after myocardial infarction. Determines the feasibility of a staged risk stratification using combinations of noninvasive tests. (AHRQ 01-R042)

## Health Technology

**Health Technology Assessment in the United States—Past, Present, and Future.** J. Eisenberg, D. Zarin, *International Journal of Technology Assessment in Health Care*, 18(2):2002, 192-198. Discusses the Federal Government's role in health technology assessment as a regulator in the public interest, as a source of information for decisionmakers in the public and private sectors, and/or as a purchaser or provider of health care services; and discusses the future of health technology assessment in the United States and challenges and opportunities in international cooperation. (AHRQ 02-R072)

## Medical Informatics

**Bridging the Gap in Medical Informatics and Health Services Research: Workshop Results and Next Steps.** M. Corn, K. Rudzinski, M. Cahn, *Journal of the American Medical Informatics Association*, 9(2):March/April 2002, 140-143. Reports on current initiatives and the results of an invitational workshop cosponsored by the Agency for Healthcare Research and Quality and the National Library of Medicine. Addresses ways of increasing the pool of persons interested, trained, and experienced in the areas of synergy between the fields of informatics and health services research. (AHRQ 02-R060)

**Cutting to the Chase: What Physician Executives Need to Know about HIPAA.** J. Fitzmaurice, J. Rose, *The Physician Executive*, May/June 2000, 42-49. Presents distilled core information about the Health Insurance Portability and Accountability Act (HIPAA) legislation—the standards, penalties for violations, and status of rules. (AHRQ 00-R041)

**Healthcare Informatics Standards Activities of Selected Federal Agencies (A Compendium).** Agency for Health Care Policy and Research, November 1999, 50 pp. Compiles health care informatics standards activities submitted by Federal agencies that are active in drafting and promulgating standards for health care data collection and reporting. Provides information to help the Department of Health and Human Services respond to Vice President Gore's request to improve the coordination of Federal activi-

ties in health care data standards development. (AHCPR 00-R004)

**The Role of Clinical Informatics in the Agency for Healthcare Research and Quality's Efforts to Improve Patient Safety.** E. Ortiz, G. Meyer, H. Burstin, in *Proceedings of the AMIA Annual Fall Symposium 2001*; Philadelphia: Hanley & Belfus, 2001, 508-512. Discusses two components of the Agency's initiative to reduce medical errors and improve patient safety: (1) defining the role of informatics in patient safety; and (2) developing a series of research solicitations that address the use of information technologies, barriers to the acceptance and adoption of information technology for improved patient safety and quality of care, and effective strategies for ensuring patient confidentiality. (AHRQ 02-R020)

**Summary Report: "Current Healthcare Informatics Standards Activities of Federal Agencies".** Agency for Health Care Policy and Research, November 1999, 9 pp. Describes the proceedings of a meeting of contributors to the document, *Healthcare Informatics Standards Activities of Selected Federal Agencies (A Compendium)*. (AHCPR 00-R004). Sets the context for Federal health care data standards development, outlines standards activities, identifies key near-term informatics challenges, and describes participant discussions. (AHCPR 00-R005)

**Three Decades of Research on Computer Applications in Health Care: Medical Informatics Support at AHRQ.** J. Fitzmaurice, K. Adams, J. Eisenberg, *Journal of the American Medical Informatics*

*Association*, 9(2):March/April 2002, 144-160. Shows grants funded by the Agency for Healthcare Research and Quality resulted in advancing automation in the clinical laboratory and radiology, assisting in technology development, evaluating the effectiveness of computer-based medical information systems, facilitating the evolution of computer-aided decisionmaking, promoting computer-initiated quality assurance programs, backing the formation of comprehensive data banks, enhancing the management of specific conditions, and supporting health data coding and standards initiatives. (AHRQ 02-R059)

## Minority Health

**Addressing Racial and Ethnic Barriers to Effective Health Care: The Need for Better Data.** A. Bierman, N. Lurie, K. Collins, et al., *Health Affairs*, 21(3):May/June, 91-102. Provides an overview of the issues related to the use, collection, and interpretation of race/ethnicity data in managed care. Includes findings from a June 1999 conference of representatives from managed care, purchasers, and Federal agencies; describes activities by managed care plans to collect and use race/ethnicity data; and identifies barriers to data collection and potential strategies to overcome them. (AHRQ 02-R065)

**Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model.** C. Brach, I. Fraser, *Medical Care Research and Review*, Supplement 1, 57:2000, 181-217. Develops a conceptual model of cultural competency's potential to reduce racial and ethnic health disparities. Shows how

culturally competent techniques (interpreter services, recruitment and retention policies, training, coordinating with traditional healers, use of community health workers, culturally competent health promotion, immersion into another culture, and administrative and organizational accommodations) could improve the ability of health systems and their clinicians to deliver appropriate services to diverse populations. (AHRQ 01-R007)

**The Demand for Healthcare Among Racial/Ethnic Subpopulations.** M. Freiman, *HSR: Health Services Research*, 33(4):October 1998, 867-890. Presents a multivariate analysis of the determinants of health care expenditures among racial/ethnic groups, using a national sample representative of the civilian noninstitutionalized population. Reviews issues such as the categorization of race/ethnicity and its implications. (AHCPR 99-R006)

**Differences Between Hispanics and Non-Hispanic Whites in Use of Hospital Procedures for Cerebrovascular Disease.** A. Elixhauser, R. Weinick, J. Betancourt, et al., *Ethnicity & Disease*, 12:Winter 2002, 29-37. Explores the use of inpatient hospital diagnostic and therapeutic procedures among Hispanic and non-Hispanic white patients with cerebrovascular disease. Employs data from New York and California. (AHRQ 02-R058)

**Health Status and Limitations: A Comparison of Hispanics, Blacks, and Whites, 1996.** M. Weigers, S. Drilea, *MEPS Research Findings No. 10*, October 1999, 18 pp. Presents estimates of health



status and limitations for the civilian noninstitutionalized population of the United States during calendar year 1996. Estimates are shown separately for Hispanics, blacks, and whites. (AHCPR 00-0001)

**Improving Health Care for Ethnic and Racial Minority Populations.** Agency for Healthcare Research and Quality, *AHRQ Program Brief*, February 2000, 4 pp. Describes current research, training, and data development programs, projects, and activities that address issues particularly relevant to health care for ethnic and racial minority populations. (AHRQ 00-P040)

**Inequality in Quality—Addressing Socioeconomic, Racial, and Ethnic Disparities in Health Care.** K. Fiscella, P. Franks, M. Gold, et al., *JAMA*, 283(10):May 17, 2000, 2579-2584. Reviews the literature on disparities in health care, discusses the limitations in quality assessment for identifying and addressing these disparities, proposes five principles to address these disparities through modification in quality performance measures, illustrates the benefits of this approach, and addresses challenges to implementation. (AHRQ 00-R030)

**Minority Health Disparities: AHRQ Efforts to Address Inequities in Care.** D. Stryer, C. Clancy, L. Simpson, *Health Promotion Practice*, 3(2):April 2002, 125-129. Documents inequities in health, explains the Agency for Healthcare Research and Quality's role in supporting research to improve the delivery of health care, and describes governmental efforts to assess and improve the Nation's health. (AHRQ 02-R061)

**An Overview: Eliminating Racial, Ethnic, and SES Disparities in Health Care.** N. De Lew, R. Weinick, *Health Care Financing Reviews*, 21(4):Summer 2000, 1-7. Sets the context for and introduces a set of five papers presented at the conference titled "Eliminating Racial, Ethnic, and SES Disparities in Health Care: A Research Agenda for the New Millennium," which was held on October 15, 1999 in the Washington D.C. area. (AHRQ 01-R011)

**Race/Ethnicity and Health Insurance Status: 1987 and 1996.** A. Monheit, J. Vistnes, *Medical Care Research and Review*, Supplement 1, 57:2000, 11-35. Considers the health insurance status of black, Hispanic, and white Americans over the past decade; examines how each group is distributed among different sources of health insurance and by uninsured status; notes how these distributions have changed over time; focuses on disparities in the employment-related health insurance status of workers in each racial/ethnic group; and identifies factors associated with changes in their coverage status. (AHRQ 01-R009)

**Racial and Ethnic Differences in Access to and Use of Health Care Services, 1977 to 1996.** R. Weinick, S. Zuvekas, J. Cohen, *Medical Care Research and Review*, Supplement 1, 57:2000, 36-54. Focuses on racial and ethnic disparities in health care; describes absolute differences and relative changes in access to care; describes the use of health services among whites, blacks, and Hispanics; and uses data from three nationally representative medical expenditure surveys. (AHRQ 01-R006)

## **Racial and Ethnic Differences in Health, 1996.**

B. Kass, R. Weinick, A. Monheit, *MEPS Chartbook No. 2*, February 1999, 26 pp. Presents estimates of health insurance coverage; access to health care; and health status for Hispanic, black, and white Americans. (AHCPR 99-0001)

**Racial and Ethnic Disparities and Primary Care Experience.** C. Clancy, D. Stryer, *Health Services Research, Editorial Column*, Part 1, 35(6):December 2001, 979-984. Examines whether patient assessments of primary care differ by ethnicity. Discusses results of the Primary Care Assessment survey, which was administered to a sample of Massachusetts employees to assess patients' reports of seven defining characteristics of primary care. (AHRQ 02-R026)

**Racial Disparity, Primary Care, and Specialty Referral.** J. Basu, C. Clancy, *Health Services Research*, Part II, 36(6):December 2001, 64-77. Examines the role of primary care physicians in reducing racial disparities in referral-sensitive admissions. (AHRQ 02-R036)

**Racial/Ethnic Differences in Children's Access to Care.** R. Weinick, N. Drauss, *American Journal of Public Health*, 90(11):November 2000, 1771-1774. Presents descriptive statistics and results of multivariate analyses used to examine racial and ethnic differences in children's usual source of care. Notes the extent to which the differences may be explained by health insurance status, socioeconomic status, and language ability. (AHRQ 01-R008)



**Use of Major Therapeutic Procedures: Are Hispanics Treated Differently than Non-Hispanic Whites? R.**

Andrews, A. Elixhauser, *Ethnicity & Disease*, 10:Autumn 2000, 384-394. Examines hospital stays of Hispanic and non-Hispanic white adults using 1993 discharge abstract data to determine if there is evidence to suggest differences in the use of procedures by ethnicity. Uses logistic regression modeling to assess the effect of ethnicity on the likelihood of receiving a major therapeutic procedure for 63 separate disease conditions. (AHRQ 01-R016)

## Outcomes and Effectiveness Research

**At Issue: Translating Research into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations.** A. Lehman, D. Steinwachs, co-investigators of the PORT Project, *Schizophrenia Bulletin*, 24(1):1998, 1-10. Presents recommendations, based on scientific evidence, for the treatment of schizophrenia; provides support for each recommendation; and rates the recommendations according to their level of supporting evidence. (AHCPR 98-R036)

**Can Joint Negotiation Restore Physicians' Professional Autonomy? D. Hsia,** *Annals of Internal Medicine*, Part I, 134(9):May 1, 2001, 780-782. Asks if physicians are independent professionals or agents for plans, and proposes (via an editorial) to reassert physicians' autonomy through

joint negotiation with insurers about quality, access, and payment. (AHRQ 01-R066)

**Community-Based Interventions: Taking on the Cost and Cost-Effectiveness Questions.**

J. Siegel, C. Clancy, *HSR: Health Services Research*, Part 1, 35(5):December 2000, 905-909. Addresses (in an editorial column) the need for a rigorous approach to evaluating the costs and cost-effectiveness of community-based programs designed to improve rates of mammography screening. Describes a church-based mammography promotion intervention. (AHRQ 01-R032)

**Databases for Outcomes Research: What Has 10 Years of Experience Taught Us?**

L. Bosco, *Pharmacology and Drug Safety*, 10:2001, 445-456. Describes how AHRQ's mission is being executed through the many programs that it has developed and implemented. Discusses the Evidence-based Practice Center program, the National Guideline Clearinghouse, the Healthcare Cost and Utilization Project, Translating Research Into Practice, the Centers for Education and Research on Therapeutics program, and new research initiatives. (AHRQ 02-R031)

**A Decision Model and Cost-Effectiveness Analysis of Colorectal Cancer Screening and Surveillance Guidelines for Average-Risk Adults.**

R. Khandkeer, J. Dulski, J. Kilpatrick, et al., *International Journal of Technology Assessment in Health Care*, 16(3):200, 799-810. Uses cost-effectiveness analyses to evaluate the guidelines for colorectal cancer screening and surveillance that were published by the American Gastroenterological Association. Evaluates screening

strategies including periodic fecal occult blood test, flexible sigmoidoscopy, double-contrast barium enema, and colonoscopy. (AHRQ 01-R015)

**The Development and Role of Predictive Instruments in Acute Coronary Events: Improving Diagnosis and Management.**

D. Stryer, *The Journal of Cardiovascular Nursing*, 16(3):April 2002, 1-8. Reviews the development and evaluation of two decision-support tools, which are part of the growing number of tests and strategies for the patients presenting with chest pain (the Acute Cardiac Ischemia Time-Insensitive Predictive Instrument and the Thrombolytic Predictive Instrument). (AHRQ 02-R064)

**Functional Health Outcomes as a Measure of Health Care Quality for Medicare Beneficiaries.**

A. Bierman, W. Lawrence, S. Haffer, et al., *HSR: Health Services Research*, Part II, 36(6):December 2001, 90-109. Discusses the rationale for the Medicare Health Outcomes Survey (HOS) measure together with methodologic challenges in its use and interpretation, using descriptive data for the baseline Medicare HOS to illustrate some of these challenges. (AHRQ 02-R037)

**The Future of Capitation: The Physician Role in Managing Change in Practice.**

J. Goodson, A. Bierman, O. Fein, et al., *Journal of General Internal Medicine*, 16:April 2001, 250-256. Reviews the literature relevant to capitation, considers the interaction of financial incentives with physician and medical risk, and concludes that primary care physicians need to work to assure that capitated systems incorporate

checks and balances that protect patients and providers. (AHRQ 01-R064)

**The Impact of Studies Funded Under Outcomes of Pharmaceutical Outcomes Research. Final Report.**

Agency for Healthcare Research and Quality, October 2001, 61 pp. Summarizes the types of impact demonstrated by 18 pharmaceutical studies funded by the Agency's Center for Outcomes Effectiveness Research; illustrates the degree to which these studies address policy issues, target populations, diseases, and conditions; and provides an overview and specific findings from the studies that are relevant to further research. (AHRQ 02-R201)

**Measurement of Health Outcomes in Treatment of Effectiveness Evaluations.** D. Patrick, Y. Chiang, *Medical Care*, Supplement II, 38(9): 2000, II-14–II-25. Frames the challenges of evaluating self-reported outcomes and provides an overview of the developments in the field of health status and quality-of-life assessments. Reviews the relevance of methodological advances to the diversity of the U.S. population, the theoretical origins and use of different concepts of health outcomes, the evolving use of modern test theory to help in measurement, and the importance of methods for measuring and interpreting changes in health status outcomes. (AHRQ 00-R053)

**The Outcome of Outcomes Research at AHCPR.** S. Tunis, D. Stryer, March 1999, 64 pp. Helps Agency personnel plan for the future of the Outcomes and Effectiveness Research (OER) program by developing a framework for understanding and communicating the impact

of OER on health care practice and outcomes; identifying specific examples of projects that illustrate the research impact; and deriving lessons and options from past efforts. (AHCPR 99-R044)

**Outcomes and Effectiveness Research: The First Decade and Beyond.** Agency for Health Care Policy and Research, June 1999, 9 pp. Discusses important findings and opportunities for improvement based on the first decade of outcomes and effectiveness research at AHCPR. Covers a framework for assessing impact, accomplishments, lessons learned, and future directions. (AHCPR 99-075)

**The Outcomes of Outcomes and Effectiveness Research: Impacts and Lessons From the First Decade.** D. Stryer, S. Tunis, H. Hubbard, et al., *HSR: Health Services Research*, Part I, 35(5):December 2000, 977-993. Assesses the outcomes of the Agency for Healthcare Research and Quality's first decade of focus on outcomes and effectiveness research (OER) and identifies needs and opportunities for the study of OER in the coming years. (AHRQ 01-R027)

**Outcomes of Pharmaceutical Therapy (OPT) Program Update, November 1997.** Agency for Health Care Policy and Research, November 1997, 28 pp. Describes AHCPR's active projects and lists publications and presentations of the Research Outcomes of Pharmaceutical Therapy Program. (AHCPR 98-R010)

**Outcomes Research at the Agency for Health Care Policy and Research.** C. Clancy, J. Eisenberg, *Disease Management and Clinical Outcomes*, 1(3):May/June 1997, 72-80. Describes the

convergence of multiple forces in contemporary medicine that led to a focus on the outcomes of clinical practice, discusses selected accomplishments from AHCPR-supported research, and explores future directions and challenges for the field of outcomes research. (AHCPR 98-R055)

**Outcomes Research: Measuring the End Results of Health Care.** C. Clancy, J. Eisenberg, *Science*, 282:October 9, 1998, 245-246. Focuses on defining outcomes research, measuring outcomes, and deciding which measure to use in assessing dimensions of health outcomes. Describes the dimensions of health-related quality of life, the need to incorporate patients' preferences and values in clinical decisionmaking, and the need to enhance the interpretability of outcome measures. (AHRQ 00-R017)

**Patient Outcomes Research Teams: Contribution to Outcomes and Effectiveness Research.** D. Freund, J. Lave, C. Clancy, et al., *Annual Review of Public Health*, 20: 1999, 337-359. Describes key findings and activities of Patient Outcomes Research Teams, including the following: their contributions to the understanding of how to perform meta-analysis on nontrial data, their use of administrative data to characterize patterns of care, their development of general and disease-specific outcome measures, the dissemination of outcome information to patients and physicians, and their influence on the development of outcomes measurement in the private sector. (AHCPR 99-R073)

**Patterns of Usual Care for Schizophrenia: Initial Results from the Schizophrenia Patient Outcomes Research Team (PORT) Client Survey.**

A. Lehman, D. Steinwachs, Survey co-investigators of the PORT Project, *Schizophrenia Bulletin*, 24(1):1998, 11-20. Provides initial estimates of the rates at which the usual treatment afforded schizophrenic patients conforms to PORT recommendations. Uses a stratified random sample of 719 persons in two States. (AHCPR 98-R037)

**The Pneumonia Severity Index—Assessing Its Potential as a Triage Tool.** E. Ortiz, C. Quach, L. Lenert, *Federal Practitioner*, September 2001, 11-25. Compares the triage decisions made by clinicians for patients with community acquired pneumonia against the pneumonia severity index (PSI) and assesses the potential impact of the PSI on the institution's admission practices. (AHRQ 02-R012)

**Seizure Frequency and the Health-Related Quality of Life of Adults with Epilepsy.** N. Leidy, A. Elixhauser, B. Vickrey, et al., *Neurology*, 53:July 1999, S69-S73. Examines the relationship between health-related quality of life (HRQL) and seizure frequency in a nonsurgical sample of adults with epilepsy. Compares the HRQL of three frequency groups (seizure free, one to five seizures, and six or more seizures during the past 4 weeks) with that of age- and gender-equivalent norms; and tests the relationship between seizure frequency and HRQL while concomitantly considering the effects of time since last seizure, comorbidity, and gender. (AHRQ 02-R032)

**Selected 'Greatest Hits' of Outcomes Research at AHCPR.** Agency for Health Care Policy and Research, March 1999, 46 pp. Contains matrices of selected impacts of cardiovascular disease and 10 miscellaneous conditions. Summarizes 7 studies on cardiovascular disease and 10 studies on drug-related complications, otitis media, back pain, low birthweight, diabetes, community acquired pneumonia, the effects of limiting Medicaid drug payment, cataract, depression, and prostate disease. (AHCPR 99-R043)

**Trends and Disparities in Coronary Heart Disease, Stroke, and Other Cardiovascular Diseases in the United States.** R. Cooper, J. Cutler, P. Desvigne-Nickens, et al., *Circulation*, 102:December 19-26, 2000, 3137-3147. Discusses findings from the "National Conference on Cardiovascular Disease Prevention" held September 27-29, 1999, in Bethesda, MD. Addresses trends in levels of cardiovascular disease (CVD) mortality in the United States; trends in levels of CVD risk factors; trends in levels of cardiovascular health services; areas where data are needed to attain the Year 2010 Health Objectives for the Nation; and the development of an agenda for CVD prevention programs and policies. (AHRQ 01-R021)

## Primary Care

**Access to Primary Care: The Role of Race and Income.** J. Basu, *Journal of Health & Social Policy*, 13(4):2001, 57-73. Examines the racial differences in access provided by Municipal Health Services Clinics to the Medicare low-income beneficiaries (those "dual eligibles" who are also

eligible for Medicaid); compares them to differences in access provided to nondually eligible patients; and examines the racial and income disparities in access to primary and ancillary care services. (AHRQ 01-R043)

**Direct Expenditures for the Treatment of Allergic Rhinoconjunctivitis in 1996, Including the Contributions of Related Airway Illnesses.** N. Ray, J. Baraniuk, M. Thamer, et al., *Journal of Allergy and Clinical Immunology*, 103(3):March 1999, 401-407. Estimates the direct health care expenditures associated with treating allergic rhinitis and allergic conjunctivitis for all people in the United States in 1996. Determines that upper airway allergy is an expensive disease process. (AHCPR 99-R069)

**Family Physicians' Personal Experience of Their Fathers' Health Care.** F. Chen, L. Rhodes, L. Green, *The Journal of Family Practice*, 50(9):September 2001, 762-766. Provides insight about the shortcomings of the health care system based on the experiences of eight physicians whose fathers were seriously ill. Recommends that health care systems reinforce the role of an accountable attending physician, encourage continuity of care, and emphasize the value of knowing the patient as a person. (AHRQ 02-R014)

**Future Directions in Primary Care Research: Special Issues for Nurses.** H. Burstin, D. Lewin, H. Hubbard, *Policy, Politics, & Nursing Practice*, 2(2):May 2001, 103-107. Outlines the role of the Agency for Healthcare Research and Quality in primary care research, particularly in nursing research, and notes the



role of the Agency in developing a research agenda for nurse staffing research, initiatives, and programs of interest to nursing researchers. (AHRQ 01-R071)

**Health Status of the Pakistani Population: A Health Profile and Comparison With the United States.** G. Pappas, T. Akhtar, P. Gergen, et al., *American Journal of Public Health*, 91(1):January 2001, 93-98. Reviews the results of the National Health Survey of Pakistan and examines inequalities in health within Pakistan, and between Pakistan and the United States. Provides an understanding of the health problems in a developing nation and sheds light on the dynamics of selected diseases. (AHRQ 01-R022)

**Is Allergen Skin Test Reactivity a Predictor of Mortality? Findings From a National Cohort.** P. Gergen, P. Turkeltaub, C. Sempos, *Clinical and Experimental Allergy*, 30:2000, 1717-1723. Addresses the controversy regarding the importance of atopy on subsequent mortality, and finds that atopy, defined by allergen skin test reactivity, with or without symptoms, is not a predictor of subsequent mortality. (AHRQ 01-R062)

**Monitoring the Safety Net: Data Challenges for Emergency Departments.** R. Weinick, H. Burstin, *Academic Emergency Medicine*, 8(11):November 2001, 1019-1021. Identifies the data challenges involved in efforts to measure the status of the health care safety net; the role of emergency departments (EDs) in a monitoring system; data collection and measure development issues; and approaches for enhancing the capacity to conduct ED research. (AHRQ 02-R017)

**Nurse Staffing Levels and Adverse Events Following Surgery in U.S. Hospitals.** C. Kovner, P. Gergen, *Image: Journal of Nursing Scholarship*, 30(4):1998, 315-321. Examines the relationship between nurse staffing and avoidable adverse events. Provides information for managers to use when redesigning and restructuring the clinical workforce involved in providing inpatient care. (AHCPR 99-R032)

**Research at the Interface of Primary and Specialty Care.** C. Clancy, D. Lanier, M. Grady, eds., *AHCPR Conference Summary Report*, March 1996, 21 pp. Summarizes presentations of a September 1995 conference on defining appropriate provider roles and facilitating more science-based decisions about the appropriate use of primary and specialty services. Includes a list of potential research topics and a bibliography. (AHCPR 96-0034)

**Role Conflicts of Physicians and Their Family Members: Rules But No Rulebook.** F. Chen, *Western Journal of Medicine*, 175(4):October 2001, 236-239. Offers insights into physicians' conflicts and the challenges they face when their family members become ill, based on e-mail surveys of chairs of academic departments of family medicine. (AHRQ 02-R019)

**Traversing the Digital Divide—On Doctoring With and Without Computers.** H. Burstin, *Health Affairs*, 19(6):November/December 2000, 245-249. Describes the emerging digital divide found in computer-assisted medical practice—the disparity between the information environment of an academic health center and the absence of computers at a

minimally funded inner-city clinic. Underscores the potential for the computer in medicine to drive a larger wedge between the rich and the poor in health care. (AHRQ 01-R023)

## Quality of Care

**Annual Report of the National CAHPS® Benchmarking Database 2000. What Consumers Say About the Quality of Their Health Plans and Medical Care.** Agency for Healthcare Research and Quality, September 2001, 37 pp. Presents the first set of findings from a database that provides national and market-level benchmarks to facilitate comparisons across health plans, as well as data for research on consumer assessments of health care. Includes sections on database composition, key findings according to population sector, sponsor reports and profiles of usage, current research, and an appendix. (AHRQ 01-0005)

**Balancing the Quality Cycle: Tackling the Measurement-Improvement Gap in Health Care. Parts I and II.** G. Meyer, *Policy & Nutrition Practice*, 17:2001, 172-174. Discusses the origins of the ability to measure quality, yet inability to apply strategies to improve quality (the measurement-improvement gap) in the first of a two-part series. (AHRQ 01-R065)

**Can You Keep a Secret? Measuring the Performance of Those Entrusted With Personal Health Information.** J. Eisenberg, *Journal of General Internal Medicine*, 16:February 2001, 132-134. Addresses (in an editorial) the confidentiality of personal health information, as well as



Federal and private-sector efforts to safeguard sensitive information. (AHRQ 01-R044)

**Complications from Cardiac Catheterization: Analysis of a Military Database.** L. Jeffrey, M. Jackson, G. Meyer, et al., *Military Medicine*, 165:April 2000, 298-301. Reports the results of a multivariate analysis of risk factors for complications from cardiac catheterizations performed within the military health services system using the Civilian External Peer Review Program database. (AHRQ 00-R037)

**CONQUEST 2.0 (Computerized Needs-Oriented Quality Measurement Evaluation System).** Agency for Health Care Policy and Research, April 1999. An updated version of this database for collecting and evaluating clinical performance measures can be downloaded from the AHRQ Web site: <http://www.ahrq.gov/qual/conquest.htm>. Additional products available:

**Brochure.**  
(AHCPR 99-0025)

**Disks.** (5 per set)  
(AHCPR 99-DP01)

**Quick Start Booklet.**  
(AHCPR 99-0015)

**User's Guide.**  
(AHCPR 99-0011)

**Consumer Assessment of Health Plans Study (CAHPS®).** C. Crofton, J. Lubalin, C. Darby. *Medical Care*, Supplement, 37(3):1999, MS1-MS9. Describes the work of the CAHPS® team, its phases and products, the design principles, and data sources. Includes a strategy for evaluating the products at demonstration sites and other locations. (AHCPR 99-R064)

## **CAHPS® 2.0 Survey and Reporting Kit**

Agency for Healthcare Research and Quality, October 1999. Provides reliable and valid tools that sponsors can use to help consumers and purchasers assess and select health plans. Contains updated materials including surveys that ask consumers about their experiences with their health plans, sample formats for reporting results to consumers, software to assist in data analysis, and guidance and instructions. (AHCPR 99-0039)

**Consumer Assessments of Care for Children and Adults in Health Plans. How Do They Compare?** C. Zhan, J. Sangl, G. Meyer, *Medical Care*, 40(2):February 2001, 145-154. Examines how the adult and child versions of the Consumer Assessment of Health Plans Survey differ in ranking pediatric care, assesses how the differences affect the relative rankings of health plans, and explores whether the differences justify the additional cost and respondent burden in administering both assessments. (AHRQ 02-R047)

**Consumer Preferences: Path to Improvement?** C. Clancy, *Health Services Research*, 34(4):October 1999, 807-811. Introduces two articles that describe the scope of the consumers' roles in health and health care; addresses different aspects of consumers' choices of health plans (such as quality, cost, and coverage); and discusses the conflict between consumers' stated preferences and their decisionmaking processes. (AHCPR 00-R002)

**Creating More Effective Health Plan Quality Reports for Consumers: Lessons From a Synthesis of Quality Testing.** J. Sangl, *HSR: Health Services Research*, 36(3):July 2001, 447-476. Addresses the application of social marketing techniques (consumer testing) to the development of consumer health insurance

information; discusses lessons learned from consumer testing to create consumer plan choice materials; and provides evidence-based approaches to address cognitive barriers that designers of consumer health insurance information can adapt to their needs. (AHRQ 01-R029)

**Differences Between Generalists and Specialists in Characteristics of Patients Receiving Gastrointestinal Procedures.** G. Meyer, E. Cheng, J. Elting, *Journal of General Internal Medicine*, 15:2000, 188-194. Examines the characteristics of the gastrointestinal endoscopies and the patients who received them to identify differences between the practices of generalists and specialists that should be taken into account in future outcomes studies. Compares the differences in patient characteristics, place of service, procedural complexity, and clinical indications for gastrointestinal endoscopic procedures. (AHRQ 00-R026)

**Does a Healthy Health Care Workplace Produce Higher-Quality Care?** J. Eisenberg, C. Bowman, N. Foster, *Journal on Quality Improvement*, 27(9):September 2001, 444-457. Introduces articles commissioned by the organizers of the 1999 Quality Inter-agency Coordination Task Force conference on how health care workplace quality

influences the quality of care, offers observations on working conditions and patient safety based on the 2000 followup conference, and explains why evidence-based decisionmaking needs to be applied to health care management. (AHRQ 02-R001)

**Early Lessons from CAHPS® Demonstrations and Evaluations.** K. Carman, P. Short, D. Farley, et al., *Medical Care*, Supplement, 37(3):1999, MS97-MS105. Reports on the early findings and feedback from process evaluations about experiences with the Consumer Assessment of Health Plans Study (CAHPS®). CAHPS® is an integrated set of surveys for obtaining information from health plan enrollees. (AHCPR 99-R065)

**Employers: Quality Takers or Quality Makers?** I. Fraser, P. McNamara, *Medical Care Research and Review*, Supplement 2, 57:2000, 33-52. Synthesizes research findings on the following three policy questions: (1) What specific aspects of quality do employers attempt to influence? (2) What strategies are employers pursuing to influence quality? (3) What is the impact of employer value-based strategies? (AHRQ 01-R012)

**Federal Efforts to Improve Quality of Care: The Quality Interagency Coordination Task Force (QuIC).** J. Eisenberg, N. Foster, G. Meyer, et al., *Journal on Quality Improvement*, 27(2):February 2000, 93-100. Discusses formation of the QuIC and its efforts to study, measure, and improve care; develop a research base and infrastructure; provide information to Americans about health care

quality; and move the quality improvement agenda forward. (AHRQ 01-R041)

**The Forgotten Component of the Quality Triad: Can We Still Learn Something From "Structure"?** G. Meyer, M. Massagli, *Journal on Quality Improvement*, 27(9):September 2001, 484-493. Suggests the need for a new cadre of structural measurements of health care quality that capture aspects of the physical environment, working conditions, and provider satisfaction. Adds that the following will be required: expanding current research, including a special focus on documenting linkages to patient outcomes, examining whether the measure is actionable or promotes evidence-based decisionmaking, and ensuring reliability across settings. (AHRQ 02-R004)

**Inconsistent Report Cards. Assessing the Comparability of Various Measures of the Quality of Ambulatory Care.** T. Gandhi, E. Cook, A. Puopolo, et al., *Medical Care*, 40(2):February 2002, 155-165. Creates an outpatient report card for the individual primary care clinic; assesses the correlation of clinic scores across various domains of quality (performance on administrative effectiveness measures, clinic function, patient satisfaction, diabetes guideline compliance, and asthma guideline compliance); and assesses the correlation of clinic domain scores based on different data collection methods (chart review and patient survey). (AHRQ 02-R048)

**Informing Consumers About Health Care Quality: New Directions for Research and Action.** D. Lewin, ed., *AHRQ Conference Summary Report*, February 2002, 200 pp.

Summarizes presentations of a December 2000 conference sponsored, in part, by the Agency for Healthcare Research and Quality, to identify specific strategies for implementing research and action priorities related to four major consumer sectors. Also includes a revised research and action agenda reflecting the results of the meeting discussions, and copies of the pre-conference discussion documents. (AHRQ 02-0014)

**Measuring Quality: Are We Ready to Compare the Quality of Care Among Physician Groups?** J. Eisenberg, *Annals of Internal Medicine*, 135(2):January 15, 2002, 153-154. Highlights the gap between the public's expectation for information on quality of health care and what the health care system actually provides. (AHRQ 02-R040)

**Medical Errors and Patient Safety: A Growing Research Priority.** J. Eisenberg, G. Meyer, N. Foster, *HSR: Health Services Research*, 35(3):August 2000, xi-xv. Provides background information on the Institute of Medicine's report (which estimates that 44,000-98,000 deaths occur annually as a result of preventable medical errors); outlines ways in which the health services research community can be involved in cutting the number of medical errors; and describes related activities at the Agency for Healthcare Research and Quality. (AHRQ 00-R049)

**The Pursuit of Quality by Business Coalitions: A National Survey.** I. Fraser, P. McNamara, G. Lehman, ed., *Health Affairs*, 18(6):November/December 1999, 158-165. Determines the frequency and pattern of coalition activities

that could have an impact on the quality of care for employees and their families. Indicates that most business coalitions have an infrastructure in place that could be tapped to advance quality, service, and cost objectives. (AHCPR 00-R003)

**Quality Research for Quality Healthcare: The Data Connection.** J. Eisenberg, *HSR: Health Services Research*, 35(2):June 2000, xii-xvii. Updates readers on resources maintained by the Agency for Healthcare Research and Quality. Focuses on the Medical Expenditure Panel Survey, a nationally representative sample of households that provides information on the health services Americans use and how they are paid; and the Healthcare Cost and Utilization Project, a family of databases and software tools that provide the basis for analyses of inpatient hospital care. (AHRQ 00-R034)

**Reducing and Preventing Adverse Drug Events To Decrease Hospital Costs.** Agency for Healthcare Research and Quality, *Research in Action Issue 1*, March 2001, 11 pp. Explains the events surrounding medical errors in hospitals, injuries that patients suffer, and results from studies that proclaim adverse drug events can be prevented and detected. (AHRQ 01-0020)

**The Role of Performance Measures for Improving Quality in Managed Care Organizations.** D. Scanlon, C. Darby, E. Rolph, et al., *HSR: Health Services Research*, 36(3):July 2001, 619-641. Determines whether managed care organizations use performance measures for quality improvement, determines the role performance measures

play in quality-improvement programs, and develops questions for future research. (AHRQ 01-R081)

**Setting a Research Agenda for Medical Errors and Patient Safety.** G. Moyer, N. Foster, S. Christrup, et al., *HSR: Health Services Research*, Part I, 36(1):April 2001, x-xx. Describes the Preliminary Research Agenda on Medical Errors and Patient Safety generated by the National Summit on Medical Errors and Patient Safety Research, and describes the establishment and goals of Patient Safety at the Clinical Interface meetings. (AHRQ 01-R054)

**Special Issues Addressed in the CAHPS® Survey of Medicare Managed Care Beneficiaries.** J. Schnaier, S. Sweeny, V. Williams, et al., *Medical Care*, Supplement, 37(3):1999, MS69-MS78. Describes the rationale and focus of the Consumer Assessment of Health Plans Study's survey of Medicare managed care. Reviews issues related to the development of items targeted to Medicare beneficiaries, and addresses cognitive testing and psychometric testing of selected items in the survey. (AHCPR 99-R067)

**Specification Issues in Measurement of Quality of Medical Care Using Risk Adjusted Outcomes.** D. Mukamel, A. Dick, W. Spector, *Journal of Economic and Social Measurement*, 26:2000, 267-281. Investigates methods used to construct risk adjusted outcome measures. Defines and calculates the differences between two common measures of quality that have been used interchangeably—the ratio between observed and

predicted outcome rates and the difference between these rates. (AHRQ 02-R053)

**A System of Analyzing Medical Errors to Improve GME Curricula and Programs.** J. Battles, C. Shea, *Academic Medicine*, 76(2):February 2001, 125-133. Explains a system of analyzing the root causes of graduate medical trainees' medical errors, and illustrates how information gained can be used to identify problems of educational content and deficiencies in program structure. (AHRQ 01-R045)

**To Err Is Preventable: Medical Errors and Academic Medicine.** G. Meyer, D. Lewin, and J. Eisenberg, *The American Journal of Medicine*, 110:May 2001, 597-603. Outlines academic medicine's contribution (its role and research questions) towards the reduction of medical errors and improvement in patient safety over the short, medium, and long terms. (AHRQ 01-R072)

**The Use of Cognitive Testing to Develop and Evaluate CAHPS® 1.0 Core Survey Items.** L. Harris-Kojetin, F. Fowler, J. Brown, et al., *Medical Care*, Supplement, 37(3):1999, MS10-MS21. Discusses the use of cognitive testing in the developmental process of the Consumer Assessment of Health Plans Study survey. Shares the main cognitive test findings that are common across the targeted populations. (AHCPR 99-R066)

## Statistical and Methodological Research

**Construction of Weights for the 1996 Medical Expenditure Panel Survey Insurance**



**Component List Sample.** J. Sommers, *MEPS Methodology Report*, 8:November 1999, 9 pp. Describes the overall response rates for the list sample, an independently selected random sample of governments and private-sector establishments for the purpose of making national and State estimates of employer insurance characteristics, costs, and the number of employees enrolled. Also describes the process used to correct the weights for respondents. (AHCPR 00-0005)

**Construction of Weights for the 1996 Medical Expenditure Panel Survey Nursing Home Component.** J. Sommers, J. Bethel, P. Broene, *MEPS Methodology Report*, 7:August 1999, 9 pp. Building on a previous report, this report completes the description of the statistical methodology used in the MEPS Nursing Home Component, completes the reporting of response rates, and describes the calculation of weights for the remaining sample units necessary to correct for nonresponse. (AHCPR 99-0045)

**Design and Methods of the Medical Expenditure Panel Survey Household Component.** J. Cohen, *MEPS Methodology Report*, 1:July 1997, 9 pp. Describes the design and methods of the 1996 MEPS Household Component, including comparability with other medical expenditure surveys, relationship to the National Health Interview Survey, preliminary contact and rounds of data collection, and survey instruments. (AHCPR 97-0026)

**Design, Methods, and Field Results of the 1996 Medical Expenditure Panel Survey Medical Provider Component.** S. Machlin, A. Taylor,

*MEPS Methodology Report*, 9: May 2000, 6 pp. Describes the design of and methods used in the 1996 Medical Expenditure Panel Survey Medical Provider Component (MPC). Includes information on the MPC objectives, instruments, and procedures for data collection, sample sizes, and response rates. (AHRQ 00-0028)

**Estimation Procedures in the 1996 Medical Expenditure Panel Survey Household Component.** S. Cohen, R. DiGaetano, H. Goksel, *MEPS Methodology Report*, 5:May 1999, 16 pp. Provides a summary of the Household Component sample yields across three rounds of data collected during 1996. Includes an overview of the weighting strategies used to obtain national estimates of health care parameters for the U.S. civilian noninstitutionalized population. (AHCPR 99-0027)

**Exposure, Resistance, and Recovery: A Three-Dimensional Framework for the Study of Mortality From Infectious Disease.** J. Kirby, *Social Science and Medicine*, 53:2001, 1205-1215. Presents a framework that integrates social and economic factors with the biological mechanisms of illness and death, and involves three processes—exposure to potentially lethal pathogens, resistance to disease pathogens after exposure, and recovery from disease episodes after contraction. (AHRQ 02-R003)

**HMO Enrollment in the United States: Household-Reported Statistics, 1996.** J. Banthin, A. Taylor, *MEPS Research Findings No. 15*, January 2001, 18 pp. Presents estimates of the total number of people enrolled in health

maintenance organization plans for the first half of 1996. (AHRQ 01-0014)

**How Will We Know “Good” Qualitative Research When We See It? Beginning the Dialogue in Health Services Research.** K. Devers, *HSR: Health Services Research*, Part II, 34:5:December 1999, 1153-1187. Lays the foundation for an explicit review of, and dialogue about, the criteria that should be used to evaluate qualitative health services research. (AHRQ 00-R011)

**The Impact of Alternative Sample Allocation Schemes on the Precision of Survey Estimates Derived From the National Medical Expenditure Panel Survey.** S. Cohen, W. Yu, *Journal of Economic and Social Measurement*, 26:2000, 111-128. Compares the precision of survey estimates derived from a 195-primary sampling unit (PSU) design with precision results for alternative sample allocation schemes (which preserve the number of sample respondents and the oversampling of minorities, while varying the number of PSUs and segments). (AHRQ 01-R056)

**Imputation of Employer Information for the 1996 Medical Expenditure Panel Survey Insurance Component.** J. Sommers, *MEPS Methodology Report*, 10:June 2000, 18 pp. Describes the process used to impute values for missing establishment and plan characteristics for the Medical Expenditure Panel Survey’s Insurance Component in four types of cases: list sample, private sector; list sample, government; household sample, private sector; and household sample, government. (AHRQ 00-0039)



**Informing American Health Care Policy. The Dynamics of Medical Expenditure and Insurance Surveys, 1977-1996.** A. Monheit, R. Wilson, R. Arnett III, editors; Jossey-Bass Publishers, San Francisco, CA, 1999, 242 pp. Provides a critical perspective on the National Medical Expenditure Surveys and how these surveys have responded to the sometimes conflicting challenges of policy and research. (0M 99-0018)

**List Sample Design of the 1996 Medical Expenditure Panel Survey Insurance Component.** J. Sommers, *MEPS Methodology Report*, 6:July 1999, 12 pp. MEPS Insurance Component collects information on insurance offered through employers, such as premiums, types of plans offered, size of business, type of industry, and employee characteristics. Outlines allocation and selection of the Insurance Component list sample. (AHCPR 99-0037)

**Measuring Inpatient Care Use in the United States: A Comparison Across Five Federal Data Sources.** S. Machlin, J. Cohen, J. Thorpe, *Journal of Economic and Social Measurement*, 26:2000, 141-151. Describes methodological considerations when using different data sources for measuring inpatient use, compares estimates of inpatient utilization based on the four surveys and one administrative database sponsored by the U.S. Department of Health and Human Services, summarizes characteristics of the surveys, and provides references that have substantially more detail about each data source. (AHRQ 01-R059)

**Nonresponse Adjustment Strategy in the Household Component of the 1996 Medical Expenditure Panel Survey.** S. Cohen, S. Machlin, *Journal of Economic and Social Measurement*, 25:1998, 15-33. Compares characteristics of households that did and did not respond to the first round of data collection for the 1996 Medical Expenditure Panel Survey (MEPS), which was designed to produce national and regional estimates of the health care utilization, expenditures, sources of payment, and insurance coverage of the U.S. civilian noninstitutionalized population. Includes the nonresponse adjustment estimation strategy that was implemented to improve the accuracy of MEPS. (AHCPR 00-R006)

**Outpatient Prescription Drugs: Data Collection and Editing in the 1996 Medical Expenditure Panel Survey.** J. Moeller, M. Stagnitti, E. Horan, et al. *MEPS Methodology Report*, 12:June 2001, 31 pp. The 1996 MEPS data include detailed information on prescription medicines obtained from pharmacy providers used by household sampled persons. The report describes the procedures adopted to collect and edit prescription drug data for public release. It includes retrieving complete and/or partially missing pharmacy data, editing techniques, and a matching/imputation procedure. (AHRQ 01-0002)

**Patterns of Survey Attrition and Reluctant Response in the 1996 Medical Expenditure Panel Survey.** S. Cohen, S. Machlin, J. Branscome, *Health Services & Outcomes Research Methodology*, 1(2):2000, 131-148. Describes the factors that distinguish the

cooperative respondents, reluctant respondents, and the initial participants that eventually dropped out of the 1996 Medical Expenditure Panel Survey's five rounds of data collection. (AHRQ 00-R052)

**Probability Matching of Medical Events.** M. Winglee, R. Valliant, J. Brick, et al., *Journal of Economic and Social Measurement*, 26(2):2000, 129-140. Uses three approaches (manual reviews, cumulative weight curves, and simulation approaches) and data from the 1996 Medical Expenditure Panel Survey to discuss the evaluation of linkage error when a probability-based method is used to link medical events reported by patients to the same events reported by medical providers. (AHRQ 01-R063)

**Projecting National Medical Expenditure Survey Data: A Framework for MEPS Projections.** J. Moeller, S. Cohen, E. Hock, et al., *MEPS Methodology Report*, 13: February 2002, 22 pp. Describes the procedures used to project data from the 1987 National Medical Expenditure Survey (NMES) household survey to future years. Also describes the categories of expenditures and payment sources in the projected data, the population and expenditure reweighting procedures, and alignment of the 1987 NMES to the 1987 National Health Accounts. (AHRQ 02-0009)

**Reconciling Medical Expenditure Estimates from the MEPS and the NHA, 1996.** T. Selden, K. Levit, J. Cohen, et al., *Health Care Financing Review*, 23(1):Fall 2001, 161-178. Compares 1996 estimates of national medical care expenditures from the Medical

Expenditure Panel Survey and the National Health Accounts. (AHRQ 02-R027)

**Sample Design of the 1997 Medical Expenditure Panel Survey Household Component.** S. Cohen, *MEPS Methodology Report*, 11:November 2000, 18 pp. Gives a detailed description of the 1997 Household Component of the Medical Expenditure Panel Survey and explains the sample selection scheme implemented to oversample selected subgroups. Includes a summary of sample size specifications, survey response rates, and targeted precision levels for national population estimates and health care expenditure estimates for policy-relevant subgroups. (AHRQ 01-0001)

**Sample Design of the 1996 Medical Expenditure Panel Survey Household Component.** S. Cohen, *MEPS Methodology Report*, 2:July 1997, 14 pp. Describes enhancements and efficiencies incorporated in MEPS as a result of survey integration, such as cost savings, enhanced analytic capacity, increased opportunities for longitudinal analyses, reduction of major data gaps, and improvements in the timeliness of data release. Sample unit definitions, eligibility criteria, sample size targets, and precision requirements are discussed. (AHCPR 97-0027)

**Survey Attrition Considerations in the Medical Expenditure Panel Survey.** S. Cohen, S. Machlin, *Journal of Economic and Social Measurement*, 26:2000, 83-98. Identifies the characteristics that distinguish survey participants across multiple waves of the 1996 Medical Expenditure Panel Survey Household

Component from those that only participate in initial rounds and then discontinue their survey participation. (AHRQ 01-R057)

## Women's Health

**Abdominal Hysterectomy Practice Patterns in the United States.** E. Sills, J. Saini, C. Steiner, et al., *International Journal of Gynecology & Obstetrics*, 63:1998, 277-283. Describes practice trends, numbers, and rates for total abdominal hysterectomy (TAH) and supracervical hysterectomy (SCH) in the United States. Defines the corresponding economic impact of any change in relative TAH and SCH utilization. (AHCPR 99-R053)

**Disparities and Gender Gaps in Women's Health, 1996.** B. Kass-Bartelmes, B. Altman, A. Taylor, *MEPS Chartbook No. 8*, October 2001, 35 pp. Presents charts showing estimates of health insurance, access to care and use of care, and health status among women of different ages and racial/ethnic groups in America, as well as differences between men and women. Estimates are drawn from two AHRQ surveys, the Household Component of the Medical Expenditure Panel Survey and the 1987 National Medical Expenditure Survey. (AHRQ 02-0003)

**Gender Issues in Women's Health Care.** C. Clancy, in *Women and Health*, edited by M. Goldman and M. Hatch; New York: Academic Press, 1999, 50-54. Provides an overview of major themes and controversies with respect to women's experiences with health care, reviews some key findings related to the impact of a substantially increased

proportion of women physicians on women's health services, and identifies important future challenges for all stakeholders in the health care system. (AHRQ 00-R010)

**Health Disparities Among Older Women Enrolled in Medicare Managed Care.** A. Bierman, S. Haffer, Y. Hwang, *Health Care Financing Review*, 22(4):Summer 2001, 187-198. Illustrates results of the Medicare Health Outcomes Survey. Bases results on the responses of 91,314 community-dwelling women age 65 or over, to be used to guide quality improvement activity in health plans, improve the Centers for Medicare and Medicaid Services' ability to monitor health plan performance, and provide information to beneficiaries. (AHRQ 02-R006)

**Health Disparities Among Older Women: Identifying Opportunities to Improve Quality of Care and Functional Health Outcomes.** A. Bierman, C. Clancy. *JAMWA*, 56(4):Fall 2001, 155-160. Discusses how health care and the policies that effect health care delivery can improve health outcomes and reduce health disparities among older women. Presents descriptive data illustrating health disparities in older women from the Medicare Health Outcomes Survey, and provides selected examples of interventions that can improve quality of care and reduce health disparities. (AHRQ 02-R023)

**Hysterectomy Rates in the United States, 1990-1997.** C. Farquhar, C. Steiner, *The American College of Obstetricians and Gynecologists*, 99(2): February 2002, 229-234. Assesses the rates and type of hysterectomy in the United

States. Determines the age of patients, length of stay, total hospital charges, and diagnostic category for each type of hysterectomy from 1990 to 1997. (AHRQ 02-R049)

**Improving Maternal Health Care: The Next Generation of Research on Quality, Content, and Use of Services.**

Agency for Healthcare Research and Quality, *Conference Summary Report*, June 2002, 36 pp. Outlines major recommendations arising from a September 2000 conference of Department of Health and Human Services agencies. Urges agencies to enhance the health research infrastructure and increase the public investment in a more rigorous assessment of programs and practices. (AHRQ 02-0025)

**Lipid Screening in Women.**

D. Atkins, J. Walsh, M. Pignone, et al., *Journal of the American Medical Women's Association*, 55(4):Summer 2000, 234-240. Reviews the distinct features of the epidemiology of lipids and coronary heart disease in women and data from recent long-term treatment trials specific to women. (AHRQ 00-R043)

**Making Capitated Medicare Work for Women: Policy and Research Challenges.**

A. Bierman, C. Clancy, *Women's Health Issues*, 10(2):March/April 2000, 59-69. Provides an overview of gender differences in health and functional status, socioeconomic status, and use of health services by elderly Medicare beneficiaries; discusses the implications of these gender differences on financing care for older women

under traditional fee-for-service Medicare and capitation; and examines research and policy challenges in developing payment models that reflect the actual costs and health needs of older women with chronic illness. Pays particular attention to the needs of low-income and minority women. (AHRQ 00-R025)

**Outpatient Mastectomy: Clinical, Payer, and Geographic Influences.**

C. Case, M. Johantgen, C. Steiner, *HSR: Health Services Research*, 36(5):October 2001, 869-884. Determines the use of outpatient services for all surgical procedures for breast cancer (complete mastectomy, subtotal mastectomy, and lumpectomy). Discusses the influence of payer and State on the use of outpatient services for complete mastectomy in light of State and Federal length-of-stay managed care legislation. (AHRQ 02-R008)

**Quality and Outcomes of Care for Older Women with Chronic Disease.**

C. Clancy, A. Bierman, *Women's Health Issues*, 10(4):July/August 2000. Provides an overview of the emerging paradigm for assessing and improving quality of care for women, describes recent advances relevant to health care for older women with chronic diseases, and articulates the challenges remaining for developing measures that improve quality and outcomes of care for older women. (AHRQ 00-R059)

**U.S. Women Physicians' Assessment of the Quality of Healthcare They Receive.** E. Frank, C. Clancy, *Journal of Women's Health*, 8(1):1999,

95-102. Reports on a survey of 4,501 female physicians. Addresses their perceptions of the health care they receive; the extent to which the reported quality is associated with their own demographic, professional, and health characteristics versus the physicians' personal characteristics; and the extent to which the perception of the physician-patient differs from those of other populations. (AHCPR 99-R048)

**Women in the Health Care System: Health Status, Insurance, and Access to Care.**

B. Altman, A. Taylor, *MEPS Research Findings No. 17*, November 2001, 37 pp. Focuses on adult noninstitutionalized women in the United States in 1996, using estimates from the Household Component of AHRQ's Medical Expenditure Panel Survey. Examines health insurance status in terms of whether women are publicly insured, privately insured, or uninsured, and whether insured women are policyholders or dependents. Data on women's usual source of health care, use of ambulatory care services, and use of selected preventive services are used to examine access to care. (AHRQ 02-0004)

**Women's Health, Chronic Disease, and Disease Management: New Words and Old Music?**

A. Bierman, C. Clancy, *Women's Health Issues*, 9(1):January/February 1999, 1-17. Addresses the intersection of chronic illness and women's health. Provides an overview of issues related to the provision of women's health care; the management of







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Assists senior State executive branch officials in developing policies and programs that provide choices for Medicaid

beneficiaries who need long term care services. Translates research findings and experiences across populations and encourages participants to apply lessons learned about a specific group of consumers to other groups. This ULP workshop was cosponsored by the National Governor's Association.

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Packages. This workshop was cosponsored by the Council of State Governments.

**Improving Early Childhood Development: Promising Strategies for States and the Health Care System**

January 30-February 1, 2002

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Workshop for State and local policymakers helps identify evidence-based early childhood development services that may be effective in health care delivery systems, particularly for low-income children. Sessions include evidence on the short- and long-term cost effectiveness of early childhood development services, and promising strategies to integrate early childhood development services within the health care system.

**Trends in Health Care Delivery Systems: Managed Care and Other Alternatives**

December 3-5, 2001, Memphis, Tennessee

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Examines, in a systematic, evidence-based fashion, the key developments and trends affecting the nature and performance of today's and tomorrow's health care delivery systems. Focuses on research assessing both the impact of, and regulatory effort around, managed care. Looks at purchaser efforts to contract directly with providers, trends in the Medicaid managed care marketplace, approaches to care for the chronically ill, trends in rural health delivery, and the role of safety net providers in emerging delivery systems.

**Appropriate Drug Use and Prescription Drug Insurance Programs: Adding Value by Improving Quality**

November 5-7, 2001

Denver, Colorado

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Provides State and local policy-makers with tools/strategies to encourage the appropriate use of prescription drugs. Highlights research evaluating State Medicaid drug utilization review programs, as well as findings relating to use of prior authorization, formularies, disease management, and pharmacy benefits managers. Also discusses using technology to promote appropriate use, and the importance of program evaluation in determining if a program has been successful.

**Putting Measurement to Work: What States Can Do To Improve the Quality of Health Care Delivered to Adults**

October 17-19, 2001

Philadelphia, Pennsylvania

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Informs senior State and local health policymakers about quality improvement with respect to health care services paid for by State dollars. Looks at using performance measures to improve the quality of care delivery, and discusses special considerations for quality improvement in long-term care settings and across payor types.

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safety, (2) using informatics to improve program performance, and (3) innovative applications that get information into the hands of decisionmakers.

**Building a High Quality Long-Term Care Paraprofessional Workforce**

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Two 90-minute audio teleconferences for State and local government policymakers and managers of State and local government long-term care programs cover issues related to (1) paraprofessional workforce challenges and policy context for States, and (2) strategies for strengthening the long-term care paraprofessional workforce. This series is a followup to the February 7-9, 2001 workshop on Building a High Quality Long-Term Care Paraprofessional Workforce (AHRQ 01-AV05).

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Provides State and local policymakers with tools to work collaboratively with consumers, providers, advocates, and others to accurately assess consumer needs and plan for successful transitions from institutions, or alternatively, to increase the types and level of support for persons already living in the community.

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Tennessee

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Informs State policymakers about the extent to which medical errors impact the health care delivery system and shares with States strategies/tools that are being used to improve patient safety. Brings together multidisciplinary teams of senior health policy leaders from within State government, private providers, private purchasers, health plans, and consumers.

### **Strengthening the Health Care Safety Net**

Set of Three Audio Teleconferences

May 30, May 31, and June 1, 2001, Rockville, Maryland

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Discusses the current challenges with maintaining the system established to provide health care services for the poor and underserved, and policy options to address these issues. Among other topics, discusses (1) how Medicaid managed care impacts core safety net providers; (2) what funding streams exist to support the delivery of hospital-based services and community health services to uninsured and vulnerable populations; and (3) ways to develop coordinated systems of care for this population. This series is a followup to the October 25-27, 2000 workshop on *Strengthening the Health Care Safety Net* (AHRQ 00-AV01).

### **Health Care Costs: Why Are They Increasing? What Can We Do?**

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Looks at the underlying reasons for the latest increases in health care costs and current and emerging strategies and tools to maximize limited resources. Explores the latest research and promising programs in the areas of disease management, high cost case management, and technology assessment.

### **Strategies for Reducing Health Disparities**

April 4-6, 2001, Tucson, Arizona

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Provides State and local policymakers with the framework and tools necessary to improve health care delivery systems' ability to serve a multicultural society. Among other topics, discusses the roots of observed health disparities, strategies to overcome barriers to access that affect significant numbers of racial and ethnic minorities, and strategies to increase minority representation among clinical providers.

### **Building Effective Programs: Coping with the Patchwork Quilt of Women's Health Issues**

March 12-14, 2001, Atlanta, Georgia

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Discusses issues and strategies to promote more effective programs and policies addressing women's health. Among other topics, includes sessions on the latest health services research addressing specific women's health issues, alternative measures for assessing individual States' and localities' performance with respect to women's health, and promising policy and programmatic initiatives designed to better address women's health needs.

### **Building a High Quality Long-Term Care Paraprofessional Workforce**

February 7-9, 2001, Dallas, Texas

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Provides senior State and local health policymakers with an overview of the major issues underlying the shortage of paraprofessional workers in long-term care settings and potential strategies to address the problem. Topics include supply and demand of paraprofessional workers, working conditions and job design, management of the work environment, and wage and benefits.

### **How to Improve the Quality of Care Delivered to Children Served by State Agencies**

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Provides senior State and local policymakers with the skills needed to use performance measurement and quality improvement to make decisions about the best use of limited children's health resources.

### **Expanding Long Term Care Choices for the Elderly**

Set of Three Audio Teleconferences

January 9, 11, and 18, 2001 Rockville, Maryland

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Three 90-minute audio teleconferences for State and local health care officials present issues related to expanding long-term care choices for the elderly. Topics include (1) trends in assisted living, including aging-in-place, level of service, oversight, and quality issues; (2) Federal and State initiatives on transitions

from nursing homes; and (3) resources for affordable housing for the elderly. This series is a followup to the September 11-13, 2000 workshop on Expanding Long Term Care Choices for the Elderly (AHRQ 00-AV17).

**Realizing the Promise of Value-based Purchasing**  
December 11-13, 2000, San Antonio, Texas  
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Provides senior State health policymakers with the tools necessary to design, implement, support, and evaluate purchasing strategies that maximize the value received for health care expenditures made under a number of different State-sponsored programs. Allows State teams the opportunity to assess their own experiences and current environment and begin to develop a plan for furthering their specific goals with respect to value-based purchasing strategies.

**Strengthening the Health Care Safety Net**  
October 25-27, 2000, Milwaukee, Wisconsin  
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Examines the health care safety net and discusses policy options for assuring access to health care services for those without adequate insurance or other financial means.

**Expanding Long Term Care Choices for the Elderly**  
September 11-13, 2000, San Diego, California  
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Offers State and local health officials a closer look at the dynamics of today's long-term care systems at the State level;

presents results from strategies undertaken by States to continue to shift funds from institutional to residential and in-home services in order to offer expanded choices to elderly people with functional impairments and chronic health conditions; and examines initiatives to expand service options.

**Addressing the Problems of Depression: Implications for State and Local Health Care Programs**  
July 10-12, 2000, Washington, DC  
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Helps State and local health care policymakers understand the impact of depression, utilize an evidence-based framework for considering strategies to improve diagnosis and treatment of the condition, assess the latest health services research to identify promising approaches to meet patient needs, and study successful approaches implemented in various States. This ULP workshop was conducted in partnership with SAMHSA and HCFA.

**Addressing Critical Concerns of Health Care Systems Serving American Indians/Alaska Natives**  
June 12-14, 2000, Albuquerque, New Mexico  
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Describes current research and best practices for enhancing health care delivery systems serving American Indians/Alaska Natives in both rural and urban areas, and helps determine the future needs for health systems research and program development in American Indian/Alaska Native communities. Issues addressed

include workforce development, system infrastructure, providing for long-term care, and finding funding and other resources.

**Improving Health Through The Expanded Use of Clinical Preventive Services: Issues and Strategies**  
June 7-9, 2000, Snowbird, Utah  
Order: AHRQ 00-AV14  
Cost: \$25 per set

Presents a systems approach to considering the challenges and opportunities for increasing the provision of effective preventive care, and examines the potential State and local government roles and strategies for achieving this goal. Addresses the contributions that clinical preventive services can make in addressing many of our Nation's most important and costly health problems and the synergy that can be created between community-based and provider-patient based clinical prevention efforts.

**How Safe Is Our Health Care System? What Can States Do To Improve Patient Safety and Reduce Medical Errors**  
Set of Three Audio Teleconferences  
May 18, May 24, and June 5, 2000, Rockville, Maryland  
Order: AHRQ 00-AV11A  
Cost: \$10 per set

Three 90-minute audio teleconferences enable State and local health care officials to learn more about the prevalence of medical errors, their causes, how the airline industry addresses similar problems, the current Federal Government approach, and what States are doing and might do to help improve patient safety. This is a followup to the March 20-22, 2000 workshop on medical errors (AHRQ 00-AV11).

**Using Evidence: Technology Assessment Disease Management, and Coverage Decisions**

May 8-10, 2000, Omaha, Nebraska

Order: AHRQ 00-AV13

Cost: \$25 per set

Provides a broad overview of the ways evidence and research findings can be used in health care decisionmaking; instructive information on the fundamentals of technology assessment standards of evidence, which should be used for making policy decisions; and the public and private sector informational resources available to State and local health policymakers. Topics include defining medical necessity, the health insurance coverage decisionmaking process, and the development and implementation of disease management programs.

**Managed Care, Medicine, and Public Health: Building Collaborations that Work**

April 12-14, 2000, Jacksonville, Florida

Order: AHRQ 00-AV12

Cost: \$25 per set

Provides State and local health care policymakers with an opportunity to examine the benefits that collaboration among public health, medicine, and managed care offers; barriers to establishing and maintaining collaborations; the means for measuring improvements in health as a result of

collaboration; and ideas for crafting policies that foster improvement.

**Prescription Drug Coverage: Rising Expenditures, Appropriate Use, and Program Strategies**

Set of Three Audio

Teleconferences

March 28, April 6, and April 18, 2000, Rockville, Maryland

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Three 90-minute audio teleconferences present research and best practices related to (1) factors that are driving the increase in pharmacy expenditures, (2) what States can do to assure clinical quality and promote the appropriate use of pharmaceuticals, and (3) examples of State strategies to manage prescription drug benefits or provide drug coverage to low-income populations. This series is a followup to the January 10-12, 2001 workshop on Prescription Drug Coverage (AHRQ 00-AV08).

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Helps State health care policymakers understand the causes of medical errors, what research tells us about the

strategies used to prevent them, and what actions other States are taking to reduce their occurrences.

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March 6-8, 2000, San Francisco, California

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February 7-9, 2000, Albuquerque, New Mexico

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Helps State officials, particularly health officials, promote and support collaborative strategies to address violence and associated problems.





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